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CARMICHAEL PRIZE ESSAY,
1887.



THE MEDICAL PROFESSION

IN THE

THREE KINGDOMS IN 1887.

THE ESSAY

TO WHICH WAS AWARDED UNDER THE NAME OF “*Ἀριστείδης*”

THE CARMICHAEL PRIZE OF £100

BY THE

Council of the Royal College of Surgeons, Ireland.

1887.

BY

THOMAS LAFFAN, M.C.P.I.,

CASHEL.

*Ἰητρὸς γὰρ ἀνὴρ πολλῶν ἀντάξιός ἀλλων,
Ἴους τ' ἐκτα ἐπὶ τ' ἡπία φάρμακα πάσσειν.*

HOMER—Iliad, L.

“A wise physician, skilled our ills to heal,
Is more than armies to the public weal.”

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1888.

The Council of the Royal College of Surgeons desire it to be understood that they are not in any way responsible for the opinions expressed in the Carmichael Essays.

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P R E F A C E .

THE Carmichael Prizes were established some years ago under the will of the eminent Surgeon, whose name they bear. He was a man who in his deep love for his profession keenly grieved over its defects and yearned for its improvement.

Impressed with the power of public opinion, he thought that nothing would so much conduce to bring about a reformation as the offering of such substantial inducements as would bring the fire of hostile criticism periodically to bear on all those defects. He accordingly directed that every fourth year prizes of £200 and £100 respectively, should be offered for the best two Essays on the Profession. When in 1879 I entered the lists I formed as my ideal of what such an Essay should be "A breathing portrait of the Profession, warts and all." The judges leaned, however, towards the statistical variety, and awarded me second place. It is well known that on that occasion the competitors included leading men from all or nearly all the chief University centres in the Three Kingdoms, and that even distant Australia contributed to the list.

The prizes were not again offered till '87, and as on the former occasion they were keenly competed for. The competitors were known to include some of the foremost men in the Profession. I strove in the statistical direction, but my rural position placed insuperable difficulties in my path. I specially note with regret the conduct of some officials from whose reticence I could receive no information whatever.

I will observe, in conclusion, that I have done my best to state truth, and that I have been influenced by neither fear nor affection for either individuals or institutions.

CASHEL,

December, 1887.

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THE
STATE OF THE MEDICAL PROFESSION
IN THE THREE KINGDOMS IN 1887.

THE MEDICAL COUNCIL.

WE ought to commence to-day the description of the Medical Profession with that of the Privy Council. *Fuit Ilium*. The day was when we governed ourselves. That day has gone. Men look back now with scorn on the barber-surgeons of olden times, but in their Guilds they ruled themselves, and, if they knew not as much as we do, they at least governed in their own mansion, and both taught and practised all they knew. If we ourselves do not wish to be despised in turn let us not despise these men who were no farther behind us than we are likely to be behind our posterity. One thing they escaped, into the very jaws of which we have fallen. In ages when freedom was a mere flickering light they got clear of the jaws of despotism only to let us, their boastful heirs, fall into its very abyss. Yes, to-day, the Medical Profession in the three Kingdoms finds itself shorn of its ancient independence, the scorned handmaid of the State. Yes, the Privy Council now lords it in our house, and the rule of Oligarchical Corporations which succeeded that of the democratic Guilds has in its turn been made to give way (under Section 19, Act 1886) to the despotic thrall of the English Privy Council.

For a description of the Privy Council : it is only necessary to state that there is not even one representative of the profession on that Body, and that it has amongst its members homœopaths like Lord Denbigh, to prove that outsiders are now masters in our own house. How all this has been brought about is a long story, the entire thread of which would not find a place here. History is not wanting in like examples, and they have occurred, of course, on larger scales than those which concern a

mere profession, however important that profession may be. One parallel case need only be mentioned. It is that of the destruction of the power of the Danish aristocracy by the union of despotism and democracy. There, the liberties of the people had in the course of generations passed, as in our Corporations, into the hands of a select few, and there the democratic wave rose, and chafed as with us, against the ruling few, and there too, as with us, it rose and chafed in vain, for at its height it too found itself lashed by the trident of an old Neptune and a new master. Let there be no mistake about it, the Act of 1886 has given to us a master, and henceforth, writhe as we may, we shall struggle in vain within the folds of his mighty arms. That Act found our profession ruled by an aristocratic federation, which was at least a medical one. The Medical Council was then the real confederate ruler and not as now merely the "*roi faineant*" of the Medical Profession. A whole medical generation had spent its energies between 1830 and 1858 in struggling for the creation of a body which would unite our scattered fragments and give form and cohesion and government to our loose and undisciplined battalions. In 1858 the government was established by the passing of the Act which bears that date, but it did not pass in the form we wished, nor has it been administered as we would like. To us was given the heat and burden of the day, but not to us the power and the glory. We might pay the haughty delegates of Oligarchy, whose duty and pleasure it was to treat us as servitors to be trampled on, but it was ours to look wistfully on and bow our meek heads to the least dictate of their pride or interest. Section 40 of that Act contained large provision for dealing with the inroads of men who had received neither the training nor the knowledge for combating disease, and whose sole weapons consisted in their own unscrupulousness, and in the crass ignorance of the public. It ran as follows, and it has never yet been enforced by the members of this Council, in their disregard for the interest and wishes of those by whose money they are paid :—"Any person who shall wilfully and falsely pretend to be, or take or use the Name or Title of, a Physician, Doctor of Medicine, Licentiate in Medicine and Surgery, Bachelor of Medicine, Surgeon, General Practitioner, or Apothecary, or any Name, Title, Addition, or Description,

implying that he is registered under this Act, or that he is recognised by Law as a Physician, or Surgeon, or Licentiate in Medicine and Surgery, or a Practitioner in Medicine, or an Apothecary, shall, upon a summary conviction for any such offence, pay a sum not exceeding Twenty Pounds.”

That section gave us less than we had a right to ask. We paid for the best training that the State, by its charters, placed at our disposal, to fit us to treat disease, and to put those who had done this on a level with those who had not done so, was manifest injustice. Halting, however, as was this section it was never even attempted to be enforced. Another section, destined likewise to abeyance by the Council, was the 20th of that Act. It runs as follows :—“In case it appears to the General Council that the course of study and examination to be gone through in order to obtain any such qualification from any such College or Body are not such as to secure the possession by persons obtaining such qualification of the requisite knowledge and skill for the efficient practice of their profession, it shall be lawful for such General Council to represent the same to Her Majesty’s Most Honourable Privy Council.”

Out of the mouth of one of this body shall we extract the evidence of its own condemnation on this head. Dr. Haughton stated in his evidence before the Royal Commission on the Medical Acts that the Medical Council lacked the moral courage to execute the Act.

Mr. Stoker’s evidence, too, before the same Commission contains matter which lends fresh point to Dr. Haughton’s abstract statement, while the ridiculous outcome of doing nothing which followed on their Visitors’ Reports of 1883, removes all doubt, and enforces conviction as to the wilful blindness which this body has extended to the *lâches* of various Examining Boards. One more leading section was likewise ignored. It is the 29th. Its existence was so far from being fully recognised that it was not until the other day that the Council discovered that it applied to medical practitioners, who came under the terms of the following resolution, which was passed on April 21st, 1883, and re-affirmed at the Meeting of the Council of November 20th, 1886 :—

“That the Council record in its minutes, for the information

of those whom it may concern, that charges of gross misconduct in the employment of unqualified assistants, and charges of dishonest collusion with unqualified practitioners in respect of the signing of medical certificates required for the purposes of any law or lawful contract, are, if brought before the Council, regarded by the Council as charges of infamous conduct under the Medical Act. That steps be taken with the view of making public the above resolution.” The proposer added that the resolution referred to had been practically a dead letter, and he thought that publicity should be given to it.

I do not, of course, pretend to deny that the Council struck off names from time to time, but it is unnecessary that I should deny that until the 21st April, 1883, they never did discover the full scope of that section, and even then at the instance of the Home Secretary. Many of its recommendations, too, were left for years in abeyance. Thus far for its inaction. Let me now summarise its action. For this purpose a brief retrospect of its proceedings becomes necessary, but before we enter upon this a short summary of its *personnel* must be made. The Council itself was denominated the General Council of Medical Education and Registration of the United Kingdom, and it was sub-divided into four parts.

- (1.) The Branch Council for England.
- (2.) The Branch Council for Scotland.
- (3.) The Branch Council for Ireland.
- (4.) The Executive Committee.

The members of the Council comprised twenty-four individuals, of whom one, the President, was co-opted by themselves. Seventeen were selected by Licensing Bodies, to be referred to, and six were nominated by Her Majesty on the advice of her Privy Council, of whom four were named for England, one for Scotland and one for Ireland. It was intended that none of those Crown gentlemen should be representatives of the Brahmin caste, or should have any relationship whatever with the Licensing Bodies, but this intention has been almost invariably ignored, and those representatives have either been actual office-holders in the Licensing Bodies, or persons of the same caste and connection as such office-holders. The present Crown representatives are: John Simon, Thomas P. Teale;

Richard Quain, and James M. Duncan for England, Andrew Fergus for Scotland, and Dr. William Moore for Ireland. Mr. Simon is a member of the Governing Body of the English College of Surgeons. Dr. Quain formerly represented that very College, and, like Mr. Simon, was actually President of it. Mr. Teale was a lecturer in a Provincial School, etc. Dr. Duncan is a member of so many Societies, and he either has, or had, so many connections with the governing class, that it is quite a formidable task even to name them. Let it suffice that he is at present a lecturer in one of the Schools, and an examiner in at least one of the Licensing Bodies, and thus makes good his claim to be of the "upper ten." Dr. Fergus was at one time President of the well-known Glasgow Faculty, and an Examiner in the University of that name. Dr. Moore is ex-President of the King and Queen's College of Physicians, Ireland, and Physician to the Queen in Ireland. It will thus be seen how identical in class are the Crown representatives and the selected delegates. These latter were, till just recently, but seventeen in number, and were appointed by the following Bodies :—

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

This College dates from the first year of the reign of Edward the Fourth. A detailed account of its subsequent history is not called for here. Let it suffice that under various forms and charters it had a continued existence till 1843, when the existing small Governing Body attained to power and the general body, who are denominated members, were reduced to the subordinate and impotent position which they have held ever since. The governing body at present consists of a President, two Vice-Presidents, and twenty-one Councillors. Three fellows retire annually and may be re-elected by those fellows who are able and willing to attend the annual meeting which is held for the purpose in each July. Two members of twenty years' standing are annually admitted to the fellowship without examination, but all others must pass examinations after the prescribed form. The Council governs the College and makes all bye-laws. The College confers the following diplomas : (1) Fellowship, (2) Membership, (3) Midwifery, and (4) Dentistry. Members

formerly had the exclusive right to practise surgery in England and Wales ; and a penalty of £5 was recoverable from all who practised it without being so licensed. The following table gives the number of diplomas granted by the College from 1876 to '81 :—

—			1876-77.	1877-78.	1878-79.	1879-80.	1880-81, etc.
Membership	..	..	406	393	361	420	404
Fellowship	}	Examen. ..	27	27	18	16	28
		Election ..	2	9	3	2	2
Dental Licentiateship	..		20	27	27	17	19
Licentiate in Midwifery	...		0	0	0	0	0

The average annual income of the College from 1876 to 1881 was £15,360 ; and the average annual expenditure from '76 to '81 was £15,235. The College, which was long ruled over by a small knot of metropolitan fellows, has latterly shown considerable signs of awakening. Since 1884 its fellows and members meet annually to receive and discuss the reports of the Council. These meetings have had a most quickening effect. Every member, or almost every member of the College, has had his anxiety to have a share in the government of the College stirred up by them. Two Associations have also largely contributed to these proofs of increased vitality. One is an Association of fellows, the other of members. Two meetings of both conjoined have recently affirmed : (1) That Fellows and Members should have a larger share in the government of the College. (2) That no alterations should be made in the constitution or bye-laws of the College without their consent. (3) That Members should sit on and vote for the Council. A Member of the Council proposed that the opinion of the Fellows should be taken on those proposals, but was defeated. Subsequently, however, the Council acceded to a similar motion, and the opinion of the Fellows was sought with an unfavourable result. Simultaneously with this, certain alterations in the fellowships were proposed at the instance of a Committee of the Council appointed for the purpose,

and these were adopted by the College. (1) By one of these the Council would elect to Fellowship, every year, a certain number, not exceeding ten, of members of the College of not less than twenty years' standing, who might be distinguished by scientific or professional ability, or by good service rendered to the profession or to the public, and who might be recommended by ten members of the College, of whom at least half shall be Fellows; none of the Fellows so recommending being members of the Council.

(2.) By the other method members of not less than fifteen years' standing would be exempted from the first professional examination for the Fellowship, namely, that in anatomy and physiology; and would be required to pass only the second examination as defined in the regulations for the Fellowship.

(3.) That the Council should acquire the power of electing two persons who shall be considered and named Honorary Fellows of the College, and who, whether members of the College or not, should be persons who have rendered distinguished service in the advancement of surgery or the sciences allied to surgery. The Honorary Fellows should be exempted from the payment of any fee, and should not have the right of voting for, or becoming members of, the Council.

The widening of the Fellowship was practically declined at a meeting of the Fellows and members held on the 4th November, 1886.

The *Lancet* bitterly opposed these alterations, and as we consider that the Fellowship has a bipartite character, namely, Academical and Political, we unhesitatingly agree with the *Lancet*, and are of opinion that while the Political side should be shorn of its monopoly, the Academical one should be preserved unimpaired. We indeed think that while it is intolerable that less than two hundred fellows should practically be invested with the government of a College of 16,000 members, it would be not less intolerable that all distinctions should be levelled. Clearly the injustice of the political monopoly is keenly felt, when even the Association of Fellows could, on 23rd May, 1885, pass the following resolution: "That it would conduce to the welfare of the Royal College of Surgeons, and would tend to promote the interests of medical polity and education, if

members of the College were empowered to take part in the election of members of the Council, provided : first, that no member shall be eligible to vote until he has been such for at least ten years ; and second, that the number of members of the Council elected by the members of the College shall not exceed one-third of the whole Council." The Council then spurned all resolutions of Fellows and members, and a memorial was, in consequence, drawn up by the latter for presentation to the Crown in support of their views to the following effect :—

(1.) That all members of a certain number of years' standing, to be determined by your Gracious Majesty, may, after having been registered, conjointly with Fellows, exercise the privilege of electing the Council. (2.) That a certain portion of the Council may consist of members. (3.) That the period of office of members of the Council be considerably shortened. (4.) That members and Fellows be permitted to vote by voting papers. (5.) That no fees of any kind be paid to any College fund by Fellows or members on their election to office. (6.) That the Council prepare a yearly report, together with an account of income and expenditure of the College funds, duly audited by a public accountant, which after its submission for approval to the Fellows and members (annually summoned for this purpose by the President of the College) shall, on adoption, be required to be published in the medical journals. (7.) That enlarged power be given to the Council to suspend or revoke the licence of any Fellow or member on proof of discreditable conduct, whether professional or otherwise.

The party of reform allege, first, that the members had the rights, which they now seek, up to 1843, and that, as members, and therefore integers, of the College they ought to re-acquire them. They allege that the present Governing Body is out of touch with them ; that it never troubled itself with their interests, and that the political power of the College would be immensely increased if it rested upon a constituency of 16,000 members instead of on its present narrow one. At present the members may be examiners or professors, or use the museum or library, or, since 1884, talk at an annual meeting, but here their privileges end. This modicum of authority is not in accordance with the principles of ancient corporations, or of modern politics, and it

will not stand the light of day in these democratic times. Notwithstanding all that the Council and the monopolist Fellows may say, what was taken away in 1873 can be re-granted in '87. The members then possessed the franchise, and they can to-day surely re-acquire it with justice if they are only strong enough to do so. The issue remains still undecided : it ought to have the sympathy of every just man. Here is a College that disposes of enormous funds derived from the fees of the disfranchised ; that discharges towards them no duties of protection or defence ; that allows every evil-doer, unless his misdeeds be very gross, to continue his course unmolested ; and yet that has the effrontery to expect that it will be permitted to exist in its present oligarchical state in this, the latter end of the nineteenth century. On one or two minor points the College indeed has given way. It has agreed to appoint a committee to reconsider the demands of the Fellows and members, and to report to it. Thus also the Fellows and members now meet annually. Thus too, the principle of voting-papers has been accepted ; thus, likewise, a petty sop has been thrown to members by opening up to them the examinations. All will not do. The wave of democracy will sweep over this, as certainly as it will sweep over more important institutions. This College is represented on the Council by Mr. Marshall, who is elected by a little knot of 24 out of thousands of members.

ROYAL COLLEGE OF PHYSICIANS, LONDON.

This was incorporated in the tenth year of Henry VIII. It was empowered to confer a qualification in surgery as well as in medicine. It enforced its exclusive privileges by law for a long period. Those qualified by it were alone entitled to practise medicine, and fines of £5 could be inflicted on all practising within seven miles round London.

At length the proverbial human instincts prevailed. It became too proud. The lower strata of English society were left without practitioners. The College refused to move, and the State was obliged to do so. The Act of 1815 passed, when the then apothecary became *per saltum* a general practitioner. A general practitioner he remains to this day. After the passing of the Medical Act of 1858, the College opened its eyes and in

'59 a new order of licentiates was appointed. These, by a gracious effort of condescension, might compound and supply their medicines. The eyes of the College were opened too late. The Apothecaries' Hall kept the field. The College fulfils some useful functions. It pays for some annual courses of able lectures. It revises the Pharmacopœia. It censures gross offenders. It makes a great fuss about putting down medical advertising ; and it counts among its fellows some of the greatest advertisers. It is a dignified body, and, we concede, does occupy a notable position. It is governed by a President and Fellows. It possesses a Council which is merely executive. This consists of the President and Treasurer, four Censors, and twelve other fellows.

Four Councillors have to be elected every year ; previous Councillors must remain for one year out of office. The President, Censors, and Treasurer must undergo annual election. The College consists of three grades : Fellows, Members and Licentiates. There was formerly a fourth—the Extra Licentiates. Members seeking fellowship are examined by the President and Censors before they are voted for by the Fellows. Members must be 25 years of age, must be examined, and must not dispense medicine. Members of four years' standing are elected to the Fellowship, on the nomination of the Council, and by the Fellows. The Council prepares the business for the meetings of the Fellows, and all bye-laws and new regulations must be approved of by a majority of the latter. The Council has the power to nominate to the Fellowship, the Council, and the examinerships ; but it can only deal with all other subjects when brought under its notice at a meeting of the Fellows, or as it is called, a Comitia of the College. Some proposals have been brought forward to democratise this institution. Dr. West was the promoter of one of the chief of those. He based his proposals upon the fact that even the junior Fellows were not properly represented on the Council, and he proposed that three standing committees should be appointed : the first on Education, the second on Professional Interests, and the third on Public Interests. He was defeated. This College has now conjoined with the College of Surgeons of England, and by so doing has practically surrendered its separate existence. Its past history has not been uneventful. Its recent action has opened for it a

new, and let us hope, not less honourable page. Its income for the five years from 1876 to '80 was made up as follows :—

Year.	Fellows.	Members.	Licentiates.
	£ s. d.	£ s. d.	£ s. d.
1876	378 0 0	134 6 0	552 13 0
1877	283 10 0	258 7 0	568 15 0
1878	409 10 0	242 4 0	467 19 0
1879	378 0 0	Loss 54 11 0	551 5 0
1880	370 0 0	20 0 0	537 12 0

The other sources of income possessed by the Royal College of Physicians of London, and the annual amount of income approximately from such other sources for the same period, were :—

Year.	Dividends.	Rents.	Sundries.	Annual Incomes from these other sources.
	£ s. d.	£ s. d.	£ s. d.	£ s. d.
1876	269 1 8	151 15 11	50 0 0	470 17 7
1877	280 4 6	342 8 1	50 0 0	672 12 7
1878	279 6 6	325 0 8	50 0 0	654 7 2
1879	266 2 2	415 16 0	50 0 0	731 18 2
1880	266 2 2	82 17 1	50 0 0	403 19 3

The number of candidates who have, in each of the last five years, obtained from the Royal College of Physicians of London, each of the following registrable titles were :—

Year.	Fellows.	Members.	Licentiates.	Extra Licentiates.
1876	12	25	90	discontinued since 1867.
1877	9	23	97	
1878	13	20	68	
1879	12	14	108	
1880	12	18	79	

The College of Physicians has not felt the wave of reform which has surged so violently round the sister College. Its members and licentiates still sleep, but their hour of awakening cannot be far off, and when it does arrive, they will demand the same share in its government as that now claimed by the members of the College of Surgeons of England. A little time, and the claim of this latter must be conceded. A little time, too, and the claims of all physicians must follow.

Sir H. Pitman is its representative on the Council.

THE SOCIETY OF APOTHECARIES, LONDON.

This was long one of the most important Licensing Bodies in England. Like most of the other Colleges, its origin was humble, and it was not until 1815 that it became a Body with distinct medical powers. How it was indebted for these to the superciliousness of the College of Physicians is so well known that it need not be told here. A clause was inserted into the Act of that year which is likewise too well known to demand more than the barest mention. Under it a penalty of £20 could be inflicted on any one practising as an apothecary without the Society's certificate. The licentiates of the Society have, as usual, no share in its government, which is confined to the members only. The Governing Body is composed of a small court, elected by the members and headed by a master and two wardens. This Body obtained powers in recent years to conjoin with other licensing bodies, but the latter were unwilling even to be moved. The privilege remained, therefore, a barren one. Then came the Medical Bill of 1886, and here the Society showed its parliamentary power, for it contrived the insertion into the Bill of a clause converting it into a complete Licensing Body on application to the Council, or in default, to the Privy Council, in the event of the rejection, by the other Licensing Bodies, of its advances for conjunction. When the Bill became an Act the Society made prompt application to the two English Royal Colleges for conjunction, but the overtures were scornfully rejected. Thereupon the Society set on foot an agitation among the whole Body of English general practitioners with the object of compelling the Colleges to take it into partnership.

The great argument employed to stir up the masses in this controversy was the injury which the profession would sustain by the certain lapse of the Penalty clause of the Act of 1815, which would be the outcome of the extinction of the Society. Another, but a minor argument put forward was the rivalry which the general practitioners would have to face from the creation of the inferior order of practitioners to whom the Society would give birth if it obtained complete qualifying powers. These complete qualifying powers it seems likely to obtain, as it has only to apply for adjunct examiners in surgery and medicine, primarily to the General, or afterwards to the Privy Council. The medical newspapers took up the cause of the apothecaries with great zeal; as did, also, the bulk of the profession. Meetings were everywhere held, abundance of talk and writing indulged in, with the result which is now evident to all. I cannot help commenting with some bitterness on the readiness of a Body to fly for refuge *in extremis* to the very Penalty clause which but a few years before it allowed to rust in its scabbard. I must at the same time give it as my humble opinion that in view of the impossibility of passing a more efficient protective clause through the House of Commons, it was worth the while of Bodies having the interests of the practitioners really at heart to keep this clause alive by conjoining with this Society, even at the slight expense of some affront to their own dignity. The minor argument of the possible danger from the competition of a new order of practitioners seems of doubtful weight.

Dr. Brudenel Carter is its representative on the Council.

THE KING AND QUEEN'S COLLEGE OF PHYSICIANS, IRELAND,

had its origin about the close of the seventeenth century. It was then the College of Physicians. Under the dual reign it obtained a new charter and its present title, the profuseness or peculiarity of which has often to my knowledge evoked a smile from strangers. Its government was regulated by several acts which need not here be enumerated. It was one of the first

Bodies, if not the very first, in the United Kingdom to admit women to its Licence. It has three classes of diplomates, Fellows Members, and Licentiates (Medicine), (Midwifery), (Sanitary Science). The membership was created under a supplemental charter, which it obtained in 1878. Under it all licentiates were admitted to the higher grade on complying with some merely formal conditions. Candidates for membership undergo an examination. Some conditions, which need not be here enumerated, are added with regard to the standing of candidates prior to admission. I may mention, however, that they must either be hospital residents, or have had charge of some public hospital, prior to their going up for this examination. The Fellows are elected by majority and by ballot. They have to pay the enormous fee of £60 and must, of course, be pleasing to the powers that be. They have the exclusive government of the College in their hands ; and here again we are furnished with another instance of the oligarchical rule within a fold which is peculiarly democratic in all its tendencies.

Dr. A. Smyth is its representative on the Council.

ROYAL COLLEGE OF SURGEONS, IRELAND.

This had its origin in 1446. It is known by its present name from a much later period. Dates of charters 1446, 1576, 1687, 1784, 1828, 1844, and the charter granted, as it were, only the other day, and to which reference will be made presently. The income of Fellows, Licentiates, etc., will be found elsewhere. It grants the following diplomas :—(1) Fellowship ; (2) Licentiate-ship ; (3) Midwifery Diploma ; (4) Diploma in Dental Surgery. Under the last charter : (1) Fellows can vote for the Council *in absentia* by voting papers ; (2) Fellows and Lecturers can be elected to the examinerships ; (3) women can be admitted to the various qualifications of the College ; (4) the Midwifery Diploma can be granted to non-Licentiates. This College has entered into an agreement with the College of Physicians of Dublin, known as the Irish Conjoint Examination Scheme. Under it the two will become practically fused for examination purposes ; but the Medical Council must first sanction it.

Mr. McNamara is its representative on the Council.

APOTHECARIES' HALL, DUBLIN.

This was in the same plight with its English sister under the Act of 1886, but it had fewer and less powerful friends. Its right to be other than a mere Body of Pharmacists is touched on, so far as we are called on to do so, elsewhere. It is governed by a small knot like the other Colleges, and its licentiates are also dependants in their own house. No agitation has as yet been commenced to popularise the franchise in this Body, but in a little while we shall without doubt see one. The result will be either the destruction of the Body, or its establishment on the basis of a wide franchise.

Dr. Leet represents it on the Council.

ROYAL COLLEGE OF SURGEONS, EDINBURGH.

This first saw light in 1506. It was originally a mere City Guild, and when subsequently extended by Act of Parliament, towards the close of the seventeenth century, its authority extended only over some eight Scottish counties. It was under the thumb of the Edinburgh Corporation up to a generation ago. It received a Royal Charter from the reigning sovereign in 1851. In former centuries, its diploma holders were apothecaries as well as surgeons. When the Medical Act passed, it found its licencees physicians as well as surgeons. Under that Act the College had to make a choice. It selected the surgical side of the house, and was compensated by a golden harvest, which flowed in from the extension of its previously limited territorial jurisdiction to an area co-extensive with that of the United Kingdom. Its diplomas are Licence, Fellowship, and Dental qualification. The Fellows were formerly elected, but under the pressure of public opinion the distinction is now obtained by examination. It formerly united for examining purposes with the sister College of Physicians only; but now the Glasgow faculty is also admitted into the partnership, and a triple qualification is conferred. Full particulars of this will be found under its proper heading:--viz., State of Examinations, etc.

The College is governed by a small Council, appointed by the Fellows, and the licentiates are left out in the cold.

Dr. Heron Watson is its representative on the Council.

ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH.

This dates from 1681. It always conferred a purely medical licence, and like the other Colleges had, in its early days, strict territorial limits. It is ruled by a small Council, from all connexion with which the rank and file are religiously excluded. There are three orders of diploma holders, Members, Fellows, and Licentiates. The Fellows continue to be elected here, but the Members, etc., are selected by examination. This is the College which, by the re-institution of a third order, that of licentiates—immediately after the Act of 1858, gained such notoriety by the huge take of fish which it was enabled thereby to draw in, by throwing open its doors to all comers, either without examination at all, or after examinations which were purely nominal. Other Bodies were suddenly struck with the keen sense of the impropriety of this proceeding, and after a fierce onslaught by the late Sir Dominick Corrigan in the Medical Council, the erring one received grace and was numbered amongst the “saved.”

Dr. Haldane is its representative on the Council.

FACULTY OF PHYSICIANS AND SURGEONS,
GLASGOW.

This was brought into existence in the last year of the sixteenth century. Like its Edinburgh brother, its charter was peculiar in confining its authority to a small corner of Scotland. Within that little corner, however, it held exclusive sway in the surgical line, and could inflict penalties on every one practising surgery without its licence. When half the century had passed, its little territory was extended over the whole of Scotland; but to attain that object it had to surrender its penal and exclusive powers. It has combined, as already stated, with the two Edinburgh Colleges for examination purposes, and accordingly we shall, in a few years, witness the gradual extinction of its separate diploma holders. Its diplomas are the Fellowship and Licence. It also confers a diploma in Dentistry.

Fellows were selected at different periods by different methods. They now number 170 to 180, and are appointed by examination. Its government is in the hands of the Fellows at large,

but there is a small executive Council. It is unnecessary to add that the Fellows exclusively elect to that body. It is claimed for this Corporation that its large library confers important public service. Its friends further aver that it stimulates medical research by its annual lectureships and quinquennial prize, while even the small matters of its ability to place a fine hall at the disposal of societies, and of an occasional *conversazione* are deemed worthy of being mentioned among its claims for continued existence. A very substantial claim, we should say, might be founded on its very respectable money contributions to medical institutions.

Dr. Orr is its representative on the Medical Council.

THE UNIVERSITY OF LONDON.

Dates its legal existence from 1837. It is scarcely necessary to state that it is a mere Examining Board. It turns out every year a small number of highly examined graduates, and to produce this result the leading aims of University life are all sacrificed. It is the *Apotheosis* of examinations, and has done great harm to the public mind in consequence. The general public have been taught by it to forget the main functions of a University, and to see in stringent tests the sole object of their existence. The medical papers of late years have been full of the efforts made by London teachers to establish a teaching University in London. The unscrupulous falsehoods persistently circulated by those interested in University medical graduation, of the superior value of their wares, have in the long run produced a decided effect on general public opinion, with the result that an unjust value is now attached by them to all medical degrees. The London medical schools have in consequence suffered most severely. The finest clinical field in the world is now utilized by a small fraction of those for whom it could make ample provision. The *Alumni* turned out by them after having received the best practical teaching that their country afford, are actually branded as the inferiors of men whose practical training is decidedly inferior, and whose general training is not superior to theirs. The London University did, and does, nothing to meet

the wants of the case. It is too strongly entrenched behind the public opinion which itself has created, to be compulsorily turned from its present *rôle*.

It will go on supplying a few ornamental degrees annually, and to a new University, or to the bodily transfer of the Durham or Victoria one, must those interested look for a remedy. The various attempts made to mould it into a form which would meet the wants of London students, by supplying them with degrees on the easy Scotch terms, would occupy a volume for their detailed description ; and such prolixity would be altogether beyond the scope of this work. One leading characteristic marked some of those attempts, and that was an utter ignorance of the essentials of a real University. Under these essentials I would include concentration of buildings on one site ; unity of government and of staff ; and ample means for residence, every one of which was wanting in the ridiculous efforts to unite together a heterogeneous group of scattered schools, lecturers, and hospitals in London. So much for the agitation which up to the present has accomplished nothing beyond ventilating a great want. Our remedy would be to convert this Examining Board into a real University, and to make provision for a further trial for its fancy degrees by means of a correspondingly high Honour list at the various examinations of the new body. It is very doubtful to many how far the time of the really clever is profitably spent in preparing for its high-pitched examinations. The writer entertains no doubt that these examinations take more out of ordinary mortals than is good for them, and that the whole system is vastly inferior to that thorough University one which stimulates the mind to tread in the paths of original research, or of profound scholarship. We may add, in conclusion, that this University is governed by a Senate, on which the assembly of its graduates have some small representation. This assembly or Convocation as it is called, has the right to meet and to talk. It has also the right to oppose any fundamental alterations in the value of degrees, and to accept or reject new charters. There have been several charters since 1837, but we need not discuss them here.

The representative on the Council is Dr. Storrar, and he has been selected by the Senate, on which there is only a small minority of our profession.

UNIVERSITY OF OXFORD.

This is another of the corporate electors to the Medical Council. A detailed description of this famous University is not called for in this work. Under the head of schools and examinations, such further particulars as seem called for may be found. It soared too high for the classes who recruit the medical ranks in England, and to this fact as well as to its want of clinical opportunities is due its almost total want of hold on the profession in England. Had its site been as favourable for the creation of a great medical school as that of Paris or Berlin, we doubt not but that a great medical school would have sprung into existence. As it was, it has done as little for medicine as it has done for its own medical faculty. It is only just, however, to state that the University gave an enlightened and cordial support to every effort that was made for the last few years to advance medical education, as well as to raise the standard of medical examinations. Its representative on the Council is chosen by Convocation, which numbers over 5,000 individuals. Among these the medical element does not count for more than 100.

Dr. Chambers sits for it on the Council.

UNIVERSITY OF CAMBRIDGE.

This has been more to the front than its great sister. It has no lost school to deplore. Still its provincial position without great hospitals, and without great practices to offer to its medical professors, has likewise prevented it from playing the part which the great foreign Universities, and to a certain extent those of Edinburgh and Dublin, have been able to play in the annals of Medicine.

The representative is here selected by the Senate, a body whose numbers are as large as those of Oxford, and whose medical contingent is as small. Like its sister it, too, has also given an enlightened and energetic support to the party of progress in the Medical Council.

Dr. Humphry is its representative.

UNIVERSITY OF DURHAM.

Is seated at Durham, but its medical member is in Newcastle. It has scarcely attained its golden jubilee. It is governed by a Senate. The medical member has but a nominal connection with it.

It has power to confer the degrees of M.S., B.S., M.D., and M.B., and licences in medicine and surgery. It is matter of common report that the London Apothecaries' Hall and some of the London schools negotiated for an alliance with this Body.

A minority of the Senate only is appointed by Convocation. The medical element of course is in a still more helpless minority.

Dr. Pyle is the representative on the Council; he is appointed by the Convocation, numbering about 280, of whom 25 only are doctors.

UNIVERSITY OF DUBLIN.

This is one of the leading Universities in the Three Kingdoms. Its degrees have a high reputation, but how far that reputation is merited may be gathered from the chapter on examinations.

Its splendid medical school is referred to elsewhere. I cannot too often repeat that the charges for its medical education and degrees are excessive, and that if its Arts course were made a reality and taken out separately from its medical one, and if the cost of both were made more reasonable than they are, the school of this University ought to be the greatest in the Three Kingdoms, and the status of its degrees ought to be *facile princeps*. The medical element is, as usual, nowhere in the government of the University, and in the selection of its representative on the Council. The present delegate is a man whom it would be impertinence for me to panegyris. The restoration of the medical school of this University, or to speak more correctly, its extraordinary modern development is due entirely to that representative—Dr. Haughton.

ROYAL UNIVERSITY.

The establishment of this University in 1880 was amongst the latest acts of Lord Beaconsfield's *régime*. The Queen's University was abolished, and this took its place. When first established the Queen's University was a *bonâ fide* University.

But subsequently a breach was made in its constitution by the admission to its examinations of non-collegiate candidates. Then, after a few years, the whole institution was demolished, and the above University established, in which the "God" examination reigns supreme.

The University is governed by a Senate, on which the medical element occupies its accustomed place, being in a petty minority. Even this petty minority is rendered more affronting to the mass of the profession by being exclusively divided between the Dublin and Queen's College shop interests.

Dr. Banks is its present representative.

UNIVERSITY OF EDINBURGH.

This is, perhaps, the most important medical school in the Three Kingdoms. The University itself is a creation of the earlier Stuarts. The Corporation of Edinburgh in former times practically ruled it. It is now largely a self-governing institution. We say largely, because the University Commission has wide powers over all the Scotch Universities. This Body, which carries out the well-known Act of 1858, regulates standards of examination, curricula, etc., for the whole of them, and no one University is at liberty to introduce any change without the previous consent of the other Universities and of the Privy Council. The result of this is that the Scotch Universities are in reality State Universities, and their standard would be a State standard if the real and paper standards were the same. This is not, however, the case, for students are notoriously let through on easier terms than those standards would imply. The degrees given by this University are referred to elsewhere. There are three ruling Bodies in connection with all these Universities—the Court, Senate and General Council.

The representative on the Medical Council is selected by the Senate, numbering thirty-seven, of whom twelve only belong to the profession. As in the case of the Universities of Glasgow and St. Andrew's, a joint representative has hitherto been sent to the Council by this and the University of Aberdeen, but now each is separately represented, and Sir William Turner sits for this University.

UNIVERSITY OF ST. ANDREW'S.

This is little more than a University in name. In addition to the ordinary medical degrees, it confers a number annually on medical practitioners. In the tables annexed will be found particulars of the number of those and of the ordinary degrees. The Senate selects the representative on the Council, who has been hitherto appointed alternately by this, and by the Glasgow University. In consequence, however, of the Act of 1886, each of these Universities will in future return a separate representative. Dr. Pettigrew sits for the University at present, and of course his medical constituents are, as usual, in the minority, there being only four of them amongst the fourteen members of the Senate.

UNIVERSITY OF GLASGOW.

This dates from the middle of the fifteenth century. Its medical class is, after that of Edinburgh, the greatest in the Three Kingdoms. What more requires to be said appears under other chapters. The Senate consists of twenty-six, of whom thirteen are medical men.

Up to the present it has been represented on the Council jointly with the University of St. Andrew's, but now its representative is Dr. Leishman.

UNIVERSITY OF ABERDEEN.

This consists now of but one College. Its government, etc., are the same as those of the other Universities. Its representative is selected by the Senatus Academicus, of whom ten out of a total of twenty-two are members of the profession.

The degrees given by all these Universities will be found, as already stated, in the appendix. Dr. Struthers represents this University on the Medical Council.

During the last few years the Council exercised its powers of visitation in a very complete, but also in a very expensive manner. The visitation of the Universities cost £2,207 14s. 4d., while that of the corporations cost about half that amount. References to these will be found under their proper headings, but the cardinal point to be brought out here is that casual

visitations of Licensing Bodies are perfectly worthless, and that visitations which are not casual, whether carried out by persons styled inspectors or visitors it matters not, seem to us to be entirely beyond the resources of the Council.

Dr. Quain tabulated some significant figures which will illustrate this point. Thus, in page 369 of his evidence, we find that the average yearly income of the General Medical Council, and of all its branches, for the five years from '74 to '79 was £6,237, while the average yearly expenditure for the same period was £6,725. Further on we are informed that the annual income for the three years '78, '79 and '80 was £6,486 13s. 9d., and the annual expenditures during the same period was £5,682 7s. We learn also from the minutes of the Medical Council itself that the average annual income for the years '82, '83 and '84 was £7,884 12s. 6d., and that the average annual expenditure for the same period was £5,452 1s. The income for 1881 was £6,509 7s. 11d., and the expenditure for that year was £4,786 14s. 8d., and that of the Council for 1885 was £14,875, while the expenditure was £12,073 16s. 4d. These were the expenses of a Council which consisted of 24 members only, and which never spent a shilling on the discussion of many matters which now, with direct representatives present, will be sure to force themselves on the attention, and occupy the time, of the Council.

The Dentists' Act will not pay the expenses of its working, and, instead of being a gain, it will bring with it a positive loss, and that without the poor consolation of leaving the Council's prestige even as it was. Nothing, indeed, is more clear than that the dignity of that Body has suffered from being mixed up with that dentist business, and that if a continuance of the supervision of the Dentist Body were made to depend on these considerations exclusively, a decree *nisi* would ere now have been sought.

Taking all these into account it is quite plain that the margin left for visitation will be scant enough. If a visitor, or rather if visitors or inspectors—for the variety of subjects will require a number of them—are to be at once competent and independent, they must be well paid, and if they are to do work which will be worth anything, their visits must be something different from

those angel's ones which have obtained up to the present. Grant the need of visitations at all, and the absurdity of casual ones must force itself on the most superficial observer. It is painful to be obliged to record, that notwithstanding the great "finds" of the last visitation, actually nothing whatever came of all the great expense except showers of mutual congratulations from the representatives of offending Bodies. Thus, one Councillor exceeded even his usual prolixity in self-praise of the examinations of the Royal University, notwithstanding the fact that the shortcomings of the candidates in the matter of practical training were shown by the visitors to be so gross as to prove to everybody that the "course of study and examinations" in that University was such as to clearly bring both within the scope of the 20th section of the Medical Act of 1858. I elsewhere refer to the weak and illogical conduct of the visitors of this University. Dublin and Oxford too, likewise drew forth reports which seemed to me to bring both within the same section. And yet here too there was nothing but compliments or silence. So much for the visitations of the past. They bore with them to the end the taint of their origin. Institutions and men who need inspection should not be themselves the parties to appoint the inspectors. The whole thing was a palpable absurdity, and what it was in the past it is but too likely to continue to be under the Act of '86 which shall come up before us in a moment.

Pursuing further the subject of visitations, the additional complication arises in the shape of the visitation of schools. Here is opened up a vista of immense expanse, but those who were not examination mad, and who were always impressing on the public that training did count for something, and the formative process was very much more important than the stamping one, have had their opinions but too forcibly illustrated by the statistical returns prepared for the Medical Council by its capable Registrar. These show that 30 per cent. of the students in the period 1871 to 1885 never got on the register at all, and of course represent so many emptied purses and wasted lives.

They also show us that not more than 15 per cent. of the students qualified within the appointed time, while numbers who failed to be submerged altogether, spent an amount of time in excess of the four years, and a corresponding amount of

money, which must represent grievous suffering to parents. These and many other facts made the case for school visitation irresistible, and accordingly a resolution to visit them was passed early last year, and a committee was appointed to communicate with the various Schools and Hospitals, and to draw up a report for a future meeting. Nothing was of course done in a hurry, for that is a sin into which this Council never yet fell, and when another session came in November, 1886, we find the committee reporting in favour of referring the matter to the Branch Councils for their consideration, and of taking counsel's opinion. Plausible objections were made against going further with the business. It was alleged it would be too expensive, that it should be left to the Licensing Bodies, etc. This last objection was bluntly disposed of by the declaration of Dr. Haughton that these last were not to be trusted. In the end the Committee was re-appointed, their report was approved of, and they were requested to bring up a further report at next meeting. Seeing that there is no auditor to surcharge the Medical Council, and that one school alone objected, strange to say that of St. Bartholomew's, there appears to the writer to be no valid obstacle to one such visitation. Financial considerations would certainly not admit of their repetition, but unlike examinations, schools and their equipments once thoroughly seen would not require inspection again in a hurry. One singular feature of the scope of the University visitations of 1885 was that while the Universities and their partisans are never done putting forward the claim that their degrees are "higher titles," because, as they allege, they represent a higher standard of knowledge, yet their partisans on the Council took good care that the visitors should inspect them from a mere pass standard only, and in this we have another instance of what a sham self-inspection is. It is matter for great regret too that the final examinations only were inspected.

Let us turn now to what the Council has been doing for the medical curriculum. Under the head of schools, larger details of this have of course been noted. Undoubted credit is due to the Council for the improvement it has effected in the preliminary examinations. Before its time there was practically an open gate, but since its creation it has done as much as it could to

build up a decent barrier of entrance. True, it has spent a good deal of time over it, and shifted its ground very often, but we have no right to be hypercritical over reforms, and personally we have no desire to deny it praise where praise is due. The addition lately made to the preliminary examination of the important subjects of the elements of Statics, Dynamics and Hydrostatics mark an obvious and necessary advance. On the other hand the repeated efforts of the Council to induce the medical bodies to divest themselves of the preliminary examinations altogether, by handing them over to non-medical bodies over which they have no control whatever, is a very singular circumstance, and one which it is not easy to account for, and in our opinion not easy to justify.

Taking it all in all, the Council must be thanked for having raised the preliminary test to a position which it would never have occupied otherwise. At the present moment that examination really exacts more knowledge than is implied by the possession of the Arts degree of some of the Universities. The astounding disclosures of the medical visitors of 1885 with regard to the classical attainments of B.A.'s of Dublin, Oxford, and London Universities, show in the clearest manner that the tests which these gentlemen must have passed are in reality less strict than those required at the preliminary examinations of the different Colleges. For nowhere in the report of the previous visitors do we find those who passed these preliminary examinations guilty of equally crass ignorance. So much for what it has done in this department, and for the precise position which we now occupy. With regard to medical education itself, and a great many people very oftentimes forget that it is a Council of Medical Education, and not one of mere examination, and that under section 20 of its fundamental Act it has the clear duty imposed on it of attending to studies as well as to mere examinations, very considerable improvements have on the whole been effected by it. Perhaps when we come to close quarters, we ought rather to say, effected through its existence, for after all it has been the make-weight of such existence rather than the efforts of the Council that has effected those improvements. It laid down a fundamental course of lectures which has substantially been adhered to.

A list of these lectures would be mere repetition here. It will be found in another part of the volume. This they formerly required should consist of but one course on each subject. From that arrangement they have recently departed in the cases of Anatomy and Surgery ; while Ophthalmology, Mental Diseases, Vaccination and Hygiene have been super-added. At present there is no guide for students through any of those courses. This I consider a mistake. I do not think that two courses in Surgery and two in Anatomy are too many. In that I know I differ from a great many people. I do think, however, that it is a grievous mistake to have the wide domains of Physiology and of Materia Medica left without rudder or compass, and that therefore the Council committed a grievous blunder in withdrawing from its previous recommendation defining the areas of these subjects. The alterations in the length and incidence of the curriculum have been amongst the most important proceedings of the Council. On the 22nd May, 1885, the Council carried, by a majority of ten to three, the following resolution, and re-affirmed it on the 17th November, 1886 :—"That the course of medical study after registration should occupy at least five years, if the subjects of elementary physics, chemistry and biology are included in that period, or at least four years, if a satisfactory examination in these subjects have been passed previous to registration, be made compulsory in the case of all students who shall be registered on and after the 1st January, 1887 ; and that the word biology in the resolution shall be held to include zoology or natural history and botany." The justice as well as the reasonableness of this resolution would commend itself to most people, but for another resolution to be referred to even though we have the authority of no less a personage than Professor Huxley himself for a sly sneer at the precise value of zoology and botany to medical students. That other recommendation or resolution runs as follows :—"At least four winter and three summer sessions shall be passed at a school or schools recognised by any of the Licensing Bodies mentioned in Schedule A of the Medical Act." This was re-affirmed on the 19th of November, 1886. The Council proved itself in this instance the mere tool of metropolitan interests and strangely indifferent to the notes of solemn warning sounded by its own visitors.

The moment after those visitors had declared that the candidates for graduation at the Royal University were deplorably deficient in practical training, and after it was declared of Scotch University students that the resources for their clinical training were extremely few in number, that Council wished to impose a prohibitive tariff on all provincial training.

The English Conjoint Board had previously gallantly led the way, and after this resolution it was of course joined by its Irish brother. English provincial men protested against the arrangement, and the columns of the *Medical Press* contained one solitary protest from an Irish rural practitioner. With regard to a due sequence of lectures, such has always been recommended by this Body ; and it is therefore with the more regret we have to record the defeat of a motion by Dr. McVail at the Council's Meeting of November 19th, 1886, recommending the Licensing Bodies before admitting candidates to require that courses of study demanded for any second professional examination should only qualify if taken out after the first examination had been passed, and that as a rule courses prescribed for any subsequent examination could only be taken out after the immediately preceding examination had been passed. The English College of Surgeons was in the habit of requiring that its rejected candidates should take out courses of study in the interim in the subjects in which they had failed. This wise rule was for a time, but happily for a time only, dropped by the New Conjoint Board. Reference is made to it here since it has much in common with that just referred to.

As to the sequence of the examinations themselves there has been a good deal of vacillation. The Council at one time recommended that there should be an examination at the end of the first year. In May, 1886, they recinded this and contented themselves with continuing to recommend that there should be three professional examinations, and that the last should be passed not sooner than 45 months after registration. This arrangement continues despite the lesson taught on this point by the encouraging experience of the Dublin College of Surgeons.

To sum up then. We have to thank the Medical Council for a respectable preliminary ; for an increase in the number of professional examinations, with a real diminution of the mental

labours of the student. Division of the examination field has beyond all doubt lightened the burden of candidates, and has in that way compensated for increased range and stiffness. Next we have to thank the Council for the introduction of clinical and practical examinations and for various other details referred to in this volume, under their proper headings. The enormous percentage of rejections ; 40 per cent. according to Dr. McVail—at the anatomical examinations ; the increased time taken by students and the enormous number that baulk the fence, altogether, look indeed as if the whole frame-work of medical education and examination must be again taken to pieces and once more recast. The practical subjects of Medicine, Surgery and Midwifery, an examination in all of which was enjoined on all Licensing Bodies as one of the penultimate acts of the unreformed Council, do not prove stumbling blocks to candidates in anything like the same proportion as the primary ones, yet, strange to say, many of the reformed schemes propose to leave those latter examinations without control or visitation in the untrammelled hands of the Universities. The pretensions put forward by the Universities as to the superiority of their degrees over corporate licences have been disposed of once for all by the visitors of 1885. It is matter for astonishment that these reports were suppressed until Parliament had legislated on the basis of the correctness of University pretensions. The Act of 1858 had made half qualifications of the licences of the Colleges, while the Universities were, by means of the possession of multiple degrees then possessed or subsequently acquired, either left in possession of entire qualifications or newly dowered with them. This was palpably unjust ; for notwithstanding the modest pretensions of various Scotch witnesses, “ a medical Faculty ” is less able than a crowd of distinguished surgeons or physicians constituting a College, to get up the machinery for giving complete qualifications.

Dr. Struthers would have it that Colleges are incurably weak on one side and that the addition of one, two, or three examiners to a surgical Court cannot make the latter complete, while the most attenuated University Court is fit to examine in anything and everything. We repeat that it is matter for great regret that no visitors were ever directed to weigh and measure those pretensions ; and that after their claims to be even respectable,

pass examinations were found to be utterly baseless, they should have been accorded such exceptional treatment in the Act of 1886. It is now quite plain to all outside the charmed licensing circle that nothing less than conjoint schemes, to include the Universities as well as the Corporations, will meet the requirements of the case. For the Universities require to be watched as well as the Corporations, and such watching is altogether worthless if not constant; whilst constant watching is impracticable because too expensive. We believe, moreover, that no University can supply such machinery for the professional part of the examinations as the respective Colleges of Surgeons and Physicians can; and that, on the other hand, none of these Colleges or their dependent schools possess the same means for the adequate endowment of professorships in the abstract and collateral subjects as the English and Irish Universities do, or at all events, could, if their funds were properly directed. Furthermore, as the tendency is to throw all students into the arms of the Universities for the benefits of a good general education, such a tendency would be encouraged rather than otherwise by a combination of the Universities and Colleges.

The attempts made by successive governments between 1870 and 1884 to form Conjoint Boards for the Three Kingdoms, thus diminishing the number of competing rivals and therefore of Bodies to be visited, does not require to be detailed here at length. The very best, even of these, viz.:—that of Lord Ripon in 1870, proposed to accept all the examinations of Universities save those in Medicine, Surgery, and Midwifery in lieu of the conjoint examination. In 1878 this weakness had advanced another step, when what was called the Buccleuch compromise was proposed as the minimum which the Universities should be offered and could accept. Under it even the final was not to be passed by these pretentious graduates, but the existing assessors were to be appointed not by the University authorities, as at present, but by the proposed conjoint Boards. Even the Medical Council itself approved of the principle of conjunction by overwhelming majorities, and attempts were made in 1870, '78, '79, '80, '83 and '84 to bring it about by Act of Parliament. Some of the Bills would undoubtedly have succeeded but for the fatuity of the profession itself in opposing good Bills because

they did not give everything it wanted. The Bills of '78, '79 and '80 culminated in Mr. Foster's Parliamentary Committee and in the Commission to which its abortive ending gave birth. The report of that Commission distinctly advocated conjunction and recommended that the certificate of such conjoined board should be the sole registrable qualification. It further suggested the equality of standards but not equality of fees.

Such is the mass of testimony in favour of conjunction, and it therefore becomes matter for profound surprise that the Act of 1886, which we shall now introduce to our readers, should give it such a complete go-by. During the sixteen years which elapsed between 1870 and 1886 no less than twenty private Bills were introduced into the House, nearly all of them having for their leading provision the establishment, under one form or another, of combined examining Boards.

The report of the Royal Commission of 1881 will continue to be the text-book for governmental reference for a long time to come. It becomes therefore of importance to subjoin a brief precis of it. True, the Act of 1886 has given it the go-by in many important respects, but then it was not concealed that the shortcomings of that Act were due to legislative impotence, and not to any new official departure by which the tradition and practice of departmental respect for such reports was broken with. After some preliminary matter the report confesses that the imperfect control given to the Medical Council by the Act of 1858 was due to the parliamentary influence of the Licensing Bodies, and of course not to the inherent justice of the case. We then have the candid admission that in some cases the possession of a diploma affords no guarantee that the practitioner holding it possesses a competent knowledge of medicine, surgery, and midwifery. These defects are not set down to over competition and *mala fides*, but to sub-division of examinations, one Body accepting part of that of another, incompetent examiners, and examinations covering only part of the field. Then the impracticability of visiting so many Bodies is dwelt on. The difficulty of meeting the claims of new Universities for representation, and of more equitably redistributing existing representation are mentioned in proof of the necessity for legislative change. The report condemns a proposal to solve

the question by the easy method of recognising all Licensing Bodies present and to be, which should admit to their examination coadjutor examiners to be appointed by some central authority. This condemnation is based on the ground of expense, difficulty of inspection, and of readjusting claims on Council, etc. A State examination, either with or without an antecedent corporate one, is condemned on the grounds that the voice of the profession is against it on account of its alleged additional expense and worry. The strong opinion is expressed that a sufficient knowledge of medicine, surgery, and midwifery should be implied by the possession of any licence; and the very emphatic opinion is pronounced that such a standard of proficiency cannot be insured unless by reducing the number of the Bodies. The formation of three Divisional Boards was recommended. These were to be made up of the Licensing Bodies, were to prepare curricula and regulate the examinations, and be subject in all things to the central Body, to which they would send delegates, the proportion of which would be subject to decennial alteration. Compliments were then paid to the Council for improving the preliminary and other examinations for its recommendations (not one word about the number of times they have allowed them to be treated with contempt) and for its visitations. Next, reference is made to the omission of the Council to report peccant Bodies to the Privy Council, and here the offender is let down easily with a naive admission that "its sinfulness is *open to question*." The frank admission, however, is made that the representation of the Licensing Bodies on the Council had something to say to the goodnatured blindness of the latter. The report next dwells on the necessity for one central Body, and proposes that this should have increased powers. It would cut it down to eighteen members of whom the Crown should appoint six, the Divisional Boards eight, and the practitioners four. The New Council was to be the sole Licensing Body, and should have power to dissolve recalcitrant Divisional Boards and secure equality of curricula and examination.

The Boards were to possess initiative and executive powers, but subject to the most wholesale alteration. Corporations and even individuals were to have the right of appeal to the Privy

Council if aggrieved by the Medical Council. The report deprecates too much interference on the part of the New Boards with curricula and examinations, and would cultivate individuality and discourage absolute uniformity, and to accomplish this it would have recommendations merely outlined.

It condemns the introduction of technical and professional subjects into the preliminary examinations, which latter it would wish to see include a diversity of subjects to suit all tastes. The most inconsistent recommendation is that suggesting that the Medical Council might also accept some of the examinations of the separate Licensing Bodies where satisfied of their sufficiency, while at the same time advocating that all the examinations should be held by the Divisional Boards. Thus all the examinations of the Licensing Bodies might come to be accepted by the Divisional Boards, save the final one, which was in every instance to be passed before the examiners. The different Bodies were to be compensated at the expense of the unfortunate students. Privilege of registration was to cease to attach to diplomas and degrees, but Bodies were to be still empowered to confer titles and (strange inconsistency) these titles were to be registrable in the case of holders of divisional diplomas if Medical Council saw fit. Diplomas were to be the equivalents of divisional licences, and their final examinations were to be accepted in lieu of corresponding examinations for degrees. There was to be no interference with what are called higher titles. Affiliation to medical authorities was to be perfectly optional. Separate columns were to be set apart in the Medical Register for these higher titles and others for foreign and Colonial diplomas. Then another inconsistency, Licensing Bodies were to be entitled to appeal to the Privy Council where the Medical Council might refuse to register either their diplomas or "Higher Titles."

The admission of foreign and Colonial diplomas under reasonable restrictions was advocated, so also was the right of women to get on the register. The imperfection of the register was sought to be corrected by requiring every person to send his address regularly to the registrar, and in the event of failure and of his not answering a letter within six months from the registrar, he should be struck off. Some modest applications

from Herbalists and Homœopathists for countenancing their quackery were rejected. The report was dead against the prohibition of practice by unregistered persons, but at the same time would have them prevented from assuming titles which would lead the public to believe that they were either registered or were regular medical men, and it would give all fines to the Medical Council.

So far for the report of the Royal Commission for 1881. It will be seen from what follows how little the Act of 1886 respected its suggestions. Nevertheless that Act maps out the lines on which the medical machine is destined to move in the near future, and as that near future will be entirely dominated by the clearing away of the debris which at present chokes the parliamentary machine, its advent is certain, though it may not be possible to determine the precise moment of that approach. Hence our reference to the report, and our conviction that it is an unpassed Act which only requires a little time, and large but certain political transformations, to see the light. The Medical Act of 1886 was passed mainly through the intrigues of the Scotch element in politics. A Scotchman, Sir Lyon Playfair, piloted it through.

The Medical Council looked on, afraid lest a whisper of theirs might effect its passage. The *British Medical Journal* forgetful, as we hold it, of its solemn responsibilities to the profession, supported it. The profession at large looked on in dumb stupidity and silence. The *Lancet* alone, with a courage and an ability worthy of the first journal of the profession, opposed it. The plea that nothing which would evoke opposition could pass through an encumbered Parliament, assisted by the paltry bribe of five elected representatives, passed it. The single portal entrance is not secure by it; neither is uniformity of cost, curricula, and examinations between a number of portals. The pretended higher examinations are left untouched by it, and quackery is undisturbed. The Medical Council, instead of being brought within workable limits, as was proposed by the Government Bills of 1883-84, is increased in numbers instead of being diminished, while its powers are left as they were. The number of Licensing Bodies being left as before, the same competition as heretofore will go on between them, and the difficulty of controlling them

will be as great as ever. "Under it no person shall be registered unless he has passed an examination in surgery, medicine and midwifery." The Medical Council itself had previously recommended the Bodies to require a full knowledge of these three subjects at their examinations. The examinations which are to be deemed sufficient to qualify must be such as shall embrace these three practical subjects, and as shall be held by (1) an University entitled to grant same, (2) a Corporation entitled to grant same, or by (3) a combination of Corporations or Universities, or of Corporations and Universities. Power is given to the Medical Council to appoint inspectors who shall attend any or all of the examinations, and copies of their reports to the Medical Council shall be duly transmitted to the Privy Council, and the examinations themselves shall be such as shall ensure all necessary skill and competence to practise their profession on part of all examinees. The Medical Council is empowered to report to the Privy Council any Body which may fail to require a sufficient standard in medicine, surgery and midwifery, or any branch thereof, and the Privy Council is entitled to suspend such Body if it see fit, and this shall continue until revoked by Her Majesty, and in the meantime the representation of the peccant Body, as well as its power to grant licences, are to be suspended.

Where any Corporation may fail to combine with another after making reasonable offers to the same, the Council may grant assistant examiners, whereupon such examinations shall be as complete as after a combination of more than one College; but the examiners must maintain the same standard of efficiency in the three principal and collateral subjects as those of combined Colleges.

Provision is made for the recovery of all fees due for practising Medicine, Surgery and Midwifery, and for Medicines, etc.

This section is but an enlargement of the 31st section of the Medical Act of 1858.

The number of the Council is increased to 30.

One Crown Member is elided from England. The future President ceases to be co-opted and must be elected from among the Members of the Council. Two seats are thereby gained. The four Scotch Universities are granted four separate instead of two joint representatives. These are to be selected when

vacancies shall occur, but provision is made that this shall not effect the tenure of existing holders. This section was so ingeniously worded as to cause Parliament to believe that the joint representation was to last for many a long day ; but this was not the thought uppermost in the minds of our canny Scotch friends, for the Act had not well passed when both Scotch University representatives resigned their posts ; and four separate ones, the two former ones being of the number, were appointed to the four new posts. Five representatives were also added, to be elected by the resident registered practitioners of each division of the Three Kingdoms. Three of these were, as is well known, to be elected by the English registered resident practitioners, one by the Scotch, and one by the practitioners resident in Ireland. The net number accordingly will, after the existing President ceases to hold office, amount to 30.

The persons to be elected shall be medical practitioners, and the election shall take place by voting papers. The office is to be held for five years, and the same allowance to be given as to other representatives.

The Medical Council is empowered to make representations to the Privy Council, and the latter is empowered to lay same before Parliament, and the Queen in Council can carry them into effect if unopposed by Parliamentary address. (1) To give a representative as heretofore unrepresented Universities or Corporations ; (2) to deprive heretofore represented Bodies of their members ; (3) to reduce the representation of existing Bodies by combining them with others, or to increase it by uncombining conjoint Bodies ; (4) and to add one more direct representative to the Council for each division of the Three Kingdoms.

Colonial practitioners who are of good character who hold diplomas in their own countries to practise medicine, midwifery and surgery, who have obtained those diplomas before they were domiciled in the United Kingdom, or after they have been five years abroad, or after they have been in practice ten years, shall, after paying the usual fee, be placed on the register, and without examination, provided the qualification they hold be one of those recognised by the Medical Council. A similar provision is made with regard to persons holding foreign diplomas, which shall be recognised by the Council, but where such holders are themselves

foreigners, no other conditions than those of good conduct and the possession of a recognised diploma covering the three branches, shall be demanded.

The Colonial or foreign diplomas are such as the Council shall think proper to recognise, but the Privy Council can, on appeal, compel the Council to recognise such diplomas as it thinks proper, and where an individual in possession of a recognised diploma is refused registration on personal grounds, he too can appeal over the head of the Medical Council to the Privy Council.

These diplomas are to be entered in separate columns in the register, and their entries and erasures are to be subjected to the same provisions as those contained in the Act of '58.

Existing registered medical practitioners are entitled to register Colonial diplomas.

Existing registered practitioners may also register foreign diplomas where they have obtained them, after examination and prior to the passing of the Act.

The Medical Council cannot of itself name the colonies or foreign countries whose diplomas it may be willing to select from, but such power is reserved exclusively to the Queen in Council, and to the Crown alone is given the power to revoke same.

The leading condition which is to direct the choice of the Crown is that of reciprocity.

Recognised colonial practitioners are in power to act as surgeons to ships.

The 19th section is the crucial section of the whole Act. It is that one section which declares the *deccheance* of the Medical Council, and enthrones two lords in the governing seat of our profession.

Sect. XIX. DEFAULT OF GENERAL COUNCIL:—"If at any time it appears to the Privy Council that the General Council has failed to secure the maintenance of a sufficient standard of proficiency at any qualifying examinations, or that occasion has arisen for the General Council to appoint assistant examiners under this Act for the purpose of examinations held by any medical corporation, or to exercise any power or perform any duty, or to do any act or thing or things vested in, or imposed on, or authorised to be done by the General Council under the Medical Acts or this Act, the Privy Council may notify their opinion to the General Council, and if the General Council fail to comply with any directions of the Privy Council relating to

such notification the Privy Council may themselves give effect to such directions, and for that purpose may exercise any power, or do any act or thing invested in, or authorised to be done by, the General Council, and may of their own motion do any Act or thing, which, under the Medical Acts or this Act, they are authorised to do in pursuance of a representation or suggestion from the General Council."

Sect. XX. makes a further addition to the sixty-one qualifications which, according to Mr. Simon, are already entitled to registration, in the shape of an additional, and as we chose to term it, farcical diploma to the Irish College of Physicians' list, and of one obstetric qualification for each of the eleven Universities. Add to those 20 sanitary diplomas, and it cannot be said that number and variety are wanting at all events.

A further section vests all the powers of the Privy Council in any two lords.

Rights of existing practitioners, whether home or colonial, are preserved without increase or diminution. Private persons are allowed to sue for penalties for false assumption of titles under the Dentist Act, imperial over-riding of Colonial laws is made to cease and determine, and power is taken by Her Majesty to enforce section 28 of the Dentist Act.

Some routine provisions are contained with regard to attestations of the Privy Council's signatures repeals of Acts and parts of Acts : * These refer to Acts or parts of Acts that are either unnecessary or inconsistent with this one.

The Act does not come fully into operation until the 1st June, and, curious to add, enumerates the Isle of Man and Channel Islands among the Colonies.

* ACTS AND SECTIONS REPEALED.

Session and Chapter.	Title or Short Title of Act.	Extent of Repeal.
21 & 22 Vict., c. 90.	The Medical Act, 1858.	Sections 4 & 5. In Section 6 the words, "The President shall be a Member of all the Branch Councils." Section 24.
46 & 47 Vict., c. 19.	The Medical Act (1858). (Amendment Act, 1883). SECOND PART.	The whole Act.
21 & 22 Vict., c. 90. 31 & 32 Vict., c. 29.	The Medical Act, 1858. The Medical Act. (Amendment Act, 1868).	Section 31. The whole Act.

The elections for direct representatives which were held last November were the first objective proof of the new order of things.

The circumstances of those elections are too fresh in the recollection of every one to justify lengthened reference here ; let it suffice, that they were characterised by great propriety and little enthusiasm. Many of the candidates dwelt in their addresses on those subjects which have long been dear to the profession, viz., improved penal clauses, prohibition of unpaid labour, improved pay for medical labour, widening of the franchises of the different colleges, etc. These are subjects which will in future largely obtrude themselves on the Council whether the doctor princes relish them or not. In the outcome it was found that the newly enfranchised masses acted as similar masses acted before them. In other words, they voted for the great folk, and showed plainly that those who wanted members from the ranks on the Council were entirely mistaken in their estimate of the plebs.

The Scotch seat alone fell to one of the commonalty. We may expect, however, that their aristocratic representatives will not be found wanting in their duty. The deposition of the Irish Apothecaries' Company from their medical throne seems likely to be another outcome of the Act.

The Colonial and foreign sections of the Act may be wrested to the ruin of the profession, and will require all the vigilance and possibly all the courage that can be brought to their working. The appointment of visitors by the Bodies to be visited is one of the greatest blots on the Act. The increase in the number of corporate representatives is another.

Competition is likely to be as rife as ever, and the Government of a not distant future will not be likely to adopt courses ideally the best, but will sweep away the whole fabric, and with the love of democracy for centralization will substitute in its place, a State Board pure and simple.

Should a Local Parliament be established in Dublin, and such seems not unlikely, we will have an Irish Medical Council, and he would be a bold man who would prophesy the changes

which such a Body might introduce into our Irish licensing system.

THE GENERAL PRACTITIONER.

These constitute the great mass of the profession. Their qualifications vary. In Ireland they, as a rule, possess qualifications as physician and surgeon : in England the great majority are surgeons and apothecaries. In a few instances the highest University graduates belong to this class. There are several divisions made of the general practitioner. We have first that which is only discernible from the chemist by the fact that the proprietor of the shop exhibits a brass plate which tells us he has got a diploma ; then we have the apothecary, who is also a surgeon, but who makes up his own prescriptions, and in Ireland, those of other practitioners also. Most of this class sell nothing by retail, and are in fact simply practitioners supplying their own medicines. Next we have the practitioner who keeps no shop, but who practises in every department. Then comes the pure surgeon, and lastly the pure physician. The fees of each of these classes vary, in the case of the drug-sellers being largely reinforced by the prices of the medicine. To no profession is there more injustice done in the matter of fees than to that of medicine. A correspondent of the *Medical Times* thus comments on this question : " The amount of gratuitous work done by the profession in no way raises it in the public esteem. It is well known that it is not performed from motives of charity, but for the position which is gained by being attached to an hospital staff, and the hopes of a good practice ultimately accruing therefrom. This custom of gratuitous services to the hospitals has grown on the profession, and many a young physician and surgeon now is exhausting himself in mind and body by attending gratuitously at hospitals, patients whose incomes are in some cases much greater than his own. This injustice the public, as represented by the people who support the hospitals, in no wise wish ; they would be quite willing that the first charges on the incomes of the hospitals should be to adequately remunerate the medical men who attend upon the sick. But any reform in this direction must emanate from the heads of the profession. No

profession can be expected to rise in social position when kept in a state of penury; and this poverty-stricken state of the Medical Profession, as it is in England, is, in a great measure due to the action of those who hold the highest position in it. They preach to the younger members, who are getting nothing from their hospital appointments, to keep up the dignity of the profession by never taking from a private patient less than their guinea or two guinea fee, when the same patient can see men of the greatest reputation, and obtain their advice, for the same amount. The senior men, with high reputations, ought never to take less than five or ten guineas; there would then be a chance of the junior members of the profession sometimes obtaining a patient. One of the bye-laws of the Royal College of Physicians of London is, that ‘No Fellow or Member of the College shall officiously or under colour of a benevolent purpose, offer medical aid to, or prescribe for, any patient whom he knows to be under the care of another legally qualified practitioner.’ The spirit of this bye-law is being constantly broken, for medical aid and advice is often given by the best physicians and surgeons in London to patients, who, they think, cannot pay their fee, but could easily pay the fee of a general practitioner; and while acting, as they believe, benevolently to the one, they are depriving the other of his due, and thereby lowering the status of the profession. In the out-patient departments of our hospitals this injustice is carried to an extreme, and our rank and file have ample cause for the bitter complaints they level at the London consultants. The elevation of the profession in the social scale is entirely in the hands of those who are called ‘the heads of the profession,’ and any inferiority under which it may suffer, is entirely due to their action, and for it they may be considered responsible. Large incomes in England are made by ten or a dozen of the leading medical men, and even those are not so large as they ought to be. The rest of the profession is in a miserably under-paid condition.”

“M. R. C. P.” suggests, as a remedy for this state of things, an entire revision of the fees chargeable by consultants, and he recommends the following table as likely, if adopted, to meet the difficulty :—

TABLE OF FEES FOR CONSULTANTS.

————	Consultn. from Home.	Consultn. in own Rooms.	If in Regular Attendance (each visit).	Operations.	Midwifery.
	£ s.	£ s.	£ s.	£ s.	£ s.
No. 1. Titled Physicians and Surgeons	10 10	5 5	3 3	52 10	52 10
No. 2. Senior Physicians and Surgeons of Hospital Staffs	5 5	3 3	2 2	26 5	26 5
No. 3. Physicians and Surgeons of established reputation	3 3	2 2	1 1	15 15	15 15
No. 4. Junior Physicians and Surgeons	2 2	1 1	1 1	10 10	10 10

All the above fees to be chargeable in London, or in the town where the consultant may be resident. Additional fees for distance beyond four miles from Charing Cross, or from the centre of any provincial town. No. 1. A guinea a mile (*e.g.* 60 miles 60 guineas). No. 2. Two-thirds of the distance in miles in guineas (*e.g.* 60 miles 40 guineas). No. 3. Every three miles one guinea (*e.g.* 60 miles 20 guineas). No. 4. Every four miles a guinea (*e.g.* 60 miles 15 guineas). “M. R. C. P.” thinks that “when once the consultants appreciate their position, and the public have learned to estimate their assistance at something much nearer its proper value than at present, we may hope to improve the social position of the profession, and to raise in many respects the incomes of the general practitioners; and especially to demand from the State that those medical officers who treat the sick poor in the parishes throughout the country shall be fairly remunerated.”

The *Medical Times*, commenting on the above, says :—

“Our own feeling in this matter, which will be admitted to be one of the first importance, is that the whole difficulty is due to the over-crowded state of the consulting branches of the profession, and the remedy is to be sought in a gradual increase in the dignity and attractiveness of the general practitioner’s life. The fees charged by senior consultants might, no doubt, be raised with advantage, and we are glad to hear that one titled

practitioner at least, is now charging three guineas for every first consultation at his own house. But it must be remembered that each rise in fees would tempt more and more young men to become consultants, and there would soon be as great a struggle for patients as there is at present. In spite of the multiplication of hospitals, there has never before been anything approaching the competition that there is now for hospital appointments, and the scramble for insurance vacancies is little short of ludicrous. What the consulting branches want, to restore to them a healthy tone, is a little depletion, or rather a good deal of depletion. If fifty of the youngest consultants would make up their minds to sacrifice their dignity, learn a little midwifery, and settle down as general practitioners in the best neighbourhood in London, and the chief watering places, they would find themselves in ten years making incomes that not more than half a dozen of them will ever probably make under existing circumstances, and those they left behind would see some semblance of hope beckoning to them in the future. Science would lose, no doubt, by it, but the general sum of human happiness would gain."

These views, coming as they do from well-informed parties, and above all, appealing to the sense of every reader, put this branch of the case very forcibly. The chemists absorb a great deal of business which belongs of right, and in the interest of the public, to the doctor. The various tribes of unqualified pretenders monopolise a still larger share. The State in these kingdoms, and in most other countries, gives full scope to the unqualified to practise. There is of course the limitation that the amateur is more liable in an action at law for mischief done. This is, however, extremely hard to prove, and immunity is the result. Various efforts have been made to put down intruders on the medical domain. The 40th clause of the Medical Act was expected to lend some help, but it lent none. Its breakdown has been so often quoted that a mere passing reference is permissible here. The greatest quack, provided he avoided implying that he was registered, or that he was recognised by law as a Physician, Surgeon, or Practitioner in medicine, or Apothecary, could, and did, and does laugh at prosecutions. He was only under the necessity of calling himself doctor, or by any other epithet he pleased, provided he avoided any insinuation

that he was registered, or that the law recognised him as such, to escape all consequences. The Apothecaries' Act of 1815 contained a clause—the well-known 28th—which has been utilised to score some successes against practising chemists. One of the best known cases, and the most commented upon, is the well-known one of the Apothecaries' Hall *v.* Wiggins. He was charged with examining a patient, and by doing so, violating the clause in question, which reserved such business for the medical practitioners, among whom the apothecary was by the Act itself then for the first time included. The 28th section reserved to druggists the right to do whatever they had been in the habit of doing prior to '15. It appeared from the evidence that the chemist's business, prior to that Act, was confined to preparing and selling drugs, and the adventuresome chemist was beaten. In other cases, however, similar actions were defeated, the juries taking a totally different view of the custom before '15, and basing their verdicts as much upon the notion that slight cases might be treated by druggists, as upon evidence produced before them—that correspondingly trifling examinations were in the habit of being made before the date of the Act.

The lay public gave their voices with singular unanimity in favour of the chemists, as they were not slow to think that their interests were in favour of cheap advice. Such advice is certainly very often equal to the emergency, and any inhibition shutting out the public from it would inflict hardship. On the other hand, as it is not possible for the chemist to discriminate between slight and serious cases, or rather between the small beginnings of serious cases, and those other small beginnings which have small endings, those availing themselves of chemists' advice run no small risk of being deprived of the advantage which skilled treatment can wield with such effect over nascent disease. Several associations have been started through London and the provinces, in order to put down these various intruders on the profession. The principal of these are the Medical Defence, and the Medical Alliance Associations, and a comparative amount of success has attended their efforts. In other instances, however, these attempts have broken down, in fact the 40th section is as much of a muddle as lawyers usually make of these Acts, and the state of the magistrate's digestion seems as much as anything else to

determine the decision. Even the Apothecaries' 28th section is in case as dubious as the 40th section of the Medical Act, and conflicting decisions have here also been given. It is to be feared, that as long as human nature is what it is, so long will there be dupes and impostors in the world. The ignorant man, and the man for whom legitimate medicine has failed to do anything, or will have failed to do it quick enough, will put implicit trust in the impudent pretender who is ready to promise anything, and who consequently enlists all the passions, in lieu of all the reasons, on his side. From the first records of civilized man, public faith has never been suffered to die for lack of exercise in all forms of medicinal nostrums and their prescribers, nor has there been lack of determined efforts to invoke the strong hand of the law to put them down. But all in vain. Quackery has preceded, accompanied, and survived the most splendid civilizations, and to-day *malgré* associations, societies, vehement professional opinion, and any number of medical sections, it lives and flourishes, and seemingly will be one of the surviving witnesses of the New Zealander's visit to the broken arch of London Bridge. Nevertheless, neither medical men nor moralists should be discouraged—what cannot be entirely put down, may at least be clipped in its wings. Combination can do a great deal to lessen its evils; and the law, which we can never hope will be made ample enough to completely stamp it out, would be very much strengthened if local committees would force on inquests, and thrust specific instances of malpraxis under the noses of the public wherever a clear case is forthcoming. It is quite a mistake to suppose that such cases are not ready to hand every day, and if properly shown up the *exposé* would in time lead to such an increased stringency of the law, as would make amateur practitioners more directly responsible for effects than they now are. There are few medical men of any experience who cannot recall melancholy instances where life has paid the forfeit of this illegitimate practice, and where, had the matter been properly hunted up, the offender would have been, if not punished, at least so exposed, that his occupation, and that of his fellows would, over wide local areas, be made to cease. Unqualified practice can never, however, be seriously crippled in its operations, still less put down, until we first get rid of the unqualified practice,

which is indirectly subsidised by ourselves. It is only of late years that the magnitude of this evil has been at all realised by the profession. True, it is during the same period, that following in the wake of general national progress, it has, attained its present large dimensions. It would appear from the exhaustive report prepared by the Committee appointed by the General Medical Council, to investigate and report on the subject, "That the employment of unqualified persons to discharge duties which ought only to devolve on persons legally qualified, is an abuse which prevails extensively in England and Wales." Whole masses of the population are handed over, in great part, to the charge of the unqualified. The bad quality of such medical service needs no comment, and the discredit which the incompetence of these men brings on the entire profession is too apparent to require any expenditure of words.

The Committee thus observe on the morality of the question—"We take as our principle, that no member of the Medical Profession can rightly employ anyone who is not a member of the Profession to act for him as his deputy, or substitute in any function which involves an exercise of professional discretion or skill. We are of opinion that any such substitution (wilfully made) of unprofessional or professional service, in practice conducted for gain, is of the nature of a fraud on the public, and ought, therefore, at least in its grosser forms, to be made subject to legal penalty. We are further of opinion that, where such substitution is habitual, it can only be regarded as systematic wrong practised by the employer with a view to gain; and that such conduct, whether punishable or not punishable as a public offence, ought to be punishable under the laws and bye-laws of the Profession, as conduct professionally disgraceful."

These are weighty words, and they strike the mind with all the force of self-evident truth. Further on, the Committee very properly exempt from their sweeping condemnation certain classes of assistants, whose employment involves no fraud and entails no wrong. These are parties such as dispensers, dressers, and nurses who simply discharge duties that are merely ministerial to professional practice, and require no immediate exercise of professional skill or professional discretion. The Committee also very properly deprecate any unnecessary interference with

the practical training of pupils, provided always that such training shall be conducted within proper limits. These limits they would so arrange that no pupil should be allowed to do any professional act unless when his master was present, and directly superintending him, save and except such subordinate ones as his master might expressly direct and limit, having previously made himself aware of the due competence of the pupil to perform them. The monstrous misconduct of many practitioners in allowing unqualified men to make use of their names for certificates of various descriptions, is denounced in becoming language, as misconduct equally culpable with that of presuming to treat disease. This phase of the fraudulent system is technically called "covering." The legal practitioner whose name is made use of is said to "cover" the unqualified offender over whom he throws an ægis which neither the law, nor the profession, ever intended should shelter him. "Qualified men acting in such a disgraceful manner should be deprived of their diplomas," say the Committee, and in this opinion the majority, at all events, will be found to agree. The analogous offences committed in the profession of the law are amply dealt with by a special Act of Parliament. Thus, the 6th and 7th Vic., cap. 73, section 32, provides for the striking off the rolls of any attorney or solicitor who shall allow his name to be in any way made use of in any action or matter whatsoever by any unqualified person, whereby such person is enabled to appear, act, or practise, as an attorney or solicitor in any suit at law or in equity. This, however, is not all, for the "coverer" is permanently struck off the rolls; and not only this, but the "covered" is liable to be imprisoned for a twelvemonth. The evils inflicted by this wholesale system of unqualified practice, rob the profession of a large portion of the field of practice, rob students of a large portion of the field of education, and rob the public of the greater part of that which constitutes the difference between medical treatment and haphazard quackery.

Unqualified assistants are divisible into four sub-orders: No. 1. The mere apprentice who commences medicine for the first time. No. 2. The medical student of some standing who gives part of his time in the employment of a qualified practitioner. No. 3. Students of the class who in the Sister

Kingdom are denominated by the significant term "chronics." No. 4. Men who have never attended a medical school, and who never contemplated attending such. There are as many, it is estimated, as three thousand of these in England and Wales—some of these live with their employers and enjoy a fair amount of supervision; the vast majority, however, are left largely to themselves, and there is even a respectable number who live altogether away from their principals, and who practice with even less of qualified advice and help. Most of the assistants are described as unfit for the duties which are thrust upon them. Thus one writer, writing from his own personal knowledge, states, "It is really the exception to find a competent man." Mr. X, another surgeon of considerable experience, tells us, "As a rule they are unqualified." There is abundant evidence also that with the exception of those who intend to qualify, and who take up the calling for a mere passing period, these men wax not stronger in their limbs with the efflux of time, but on the contrary become more and more creatures of mere routine, and ultimately as primarily, pass into mere machinists, who can advance no pretence whatever to be practitioners of an art calling into the slightest requisition the higher faculties of man. Most employers appear to give a preference to the unqualified men, for other reasons beside their greater cheapness. They are less likely to become rivals, they are more humble in their houses, and—what a comment on preliminary training—they are less raw than their qualified rivals, in midwifery, pharmacy, and the practical details of surgery. These men are very often extremely popular with the public, and instances are mentioned where they have in this respect completely left their qualified rivals in the shade. An amusing case is told of a deputation waiting on an unqualified assistant to solicit him to accept an important surgical appointment, and we are told of parallel cases where parishes, with a population of thousands, are in the sole charge of unqualified men. It is not creditable to our British intelligence to have it told, that most of the people handed over to such advisers seem perfectly satisfied with them. Indeed, it is alleged, that there is a general belief among these enlightened working people, that it is in-born sagacity and not proper medical training, that is required to make the doctor,

and that the former is rather stifled than strengthened by any admixture with the latter. No wonder then that the proprietor of the in-born "sagacity and of nothing else," especially where he cultivates the graces, and can register so many *post hoc* cases in his favour, should be the "white-headed boy" of the little village world.

The Committee so often referred to thus summarise the uses of unqualified assistants:—

(1.) To see patients at his master's house under supervision, and to carry out in his master's absence treatment according to specific instructions given him in each case; to visit gratuitously the sick at their homes, and treat them according to his master's directions; to carry on the work of dispensaries and branches under similar restrictions.

(2.) To keep the books, and bring into his employer all the cash he receives.

(3.) If his master is unavoidably unable to attend when called to a serious emergency, to procure (if possible) a neighbouring practitioner to supply his place for the nonce.

(4.) To extract the teeth of casual patients, and to act as midwife in labours under supervision.

(5.) To perform post-mortem examinations.

(6.) To dispense medicines to his master's patients only, and convey them to the patients' homes when necessary; if he be registered under the Pharmacy Act, he may also sell over the counter to casual customers; to clean out the surgery, wash the phials, keep the instruments in order, and the drugs in their proper places; to answer the summons of the surgery and night bell.

(7.) To drive his employer or himself; to ride on the round of distant visits; to groom the horses, saddle them, and put them up, where no one else can be found to do it for him; and generally to perform the duties of a "gentleman help," that is to say, duties which a poor gentleman does not hesitate to perform for himself in cases of need. He is the living representative of the "squire" or "page" of the middle ages, of the "apprentice" of the last generation.

In all these foregoing points the use of the assistantship is almost entirely to the advantage of the master.

(8.) The beneficial use of this system to the unqualified assistant himself is that it cheaply offers him a chance of picking up the art of midwifery, of preparing and sending out medicines, of bandaging, of performing minor operations, and of acquiring tact and readiness in dealing with patients. He also gains a knowledge of book-keeping. Often he may obtain leisure to attend lectures at a medical school, and thus become qualified; and occasionally he may be favoured with real clinical instruction, in a method which is best exhibited in the following extract from a letter in the possession of the Committee, written by a gentleman endowed with a high sense of honour, and formerly a lecturer at a medical school:—"When I took the practice at———there was an unqualified assistant whom I employed for ten or twelve months afterwards. He had had nearly the full curriculum. A case was visited by him for the first time in my absence, and died speedily. I certified it, stating in the body of the certificate that it had not been seen by me, as death so speedily ensued, leaving it to the Registrar to say whether or not it was satisfactory. He deemed it so, and I heard no more of the matter. That was the only such case that I know personally. Other cases died under him, but I saw them again and again, and discussed treatment. He left me to complete his hospital work, and is now in practice qualified."

The custom of qualified men charging for visits paid by their unqualified assistants, is nothing more nor less than a fraud, since they pocket money which is paid for one kind of advice, while another is given. The patient pays for medical advice, whereas it is lay advice which he receives. The matter has been tested in courts of law. Several practitioners have had the temerity to take actions for the recovery of fees for visits paid by their unqualified assistants, and have been defeated in every instance. In this country poor-law work is very often done by such men, notwithstanding the regulation of the Local Government Board to the contrary; but in Ireland it is satisfactory to be able to note that this sort of thing is impossible. Many clubs and other similar societies are attended almost entirely by these men. There are some provident dispensaries which even to this day are handed over entirely to them, the qualified man nominally in charge scarcely ever seeing the patients. The

lowering effect which the whole system has on the status of the profession has long been deplored. The public are taught insensibly to think little of a calling which is exercised so hurriedly, with so little dignity, by men who are so often "hail fellow, well met" with the rudest and roughest of themselves. The frauds connected with registration of deaths are in themselves most grave, and so far as they go, do much to completely nullify the advantages of the registration system. The registration law must be considerably strengthened. It would appear from Dr. Ogle's vigorous defence of the Registrar-General, against the charges of supineness preferred against him in many quarters, that there is nothing to forbid a party who has not been present at a death from signing a certificate, and that there is also nothing to prevent the use of forms of certificate totally different from those supplied by the registry office.

It is further laid down that "covering" is not an illegal practice provided it is confined to a statement of cause of death. Where it goes beyond this and testifies to attendance it is illegal and such parties have been punished. Dr. Ogle retorts on the Medical Council by reminding it that such conduct, though not illegal, is yet infamous, and that it is in its power, as certainly as it is not in that of the Registrar-General, to punish such an offence. The Medical Act provides for the punishment of anyone who falsely represents himself to be a qualified practitioner, yet this is what is done every day in the week by every unqualified assistant who visits a patient who has sent for his master. Why then are not such men punished? If the 40th section, and not the Medical Council, be at fault, then let that section be widened. In the meantime the Medical Council can punish the master, and it should do so; and to-morrow, if the power to make a choice existed, we would say, punish the master, let go the drudge. As to the procuration of signatures: with that too, the Medical Council can now deal, and then, why not deal with it? We lose so much by the Medical Council that it should protect the interests of those who support it.

Dr. Ogle justly comments on the immoral effects which flow from the signing of certificates by hospital officers, where the patients have been seen by medical students attending out-patients. The names of practitioners have been forged

occasionally by unqualified attendants, and such an offence is of course punishable. The culpability of the Medical Council in this phase of the subject is not to be blinked by its most ardent partisans, and among other evidences of its sinning is to be found the impunity which at its hands has followed the conviction of several practitioners at the suit of the Registrar-General. The names of these men would have been erased from the register by a Council mindful of its own dignity, and the honour of the profession, but the, at that time, wholly oligarchical body took no notice of the proved offences. This Committee summed up their labours in the following recommendations, which all will unite in wishing to see speedily adopted :—

- (a.) That the Council ask for legislation to the effect that any registered practitioner, practising for gain, who knowingly and wilfully deposes a person not registered or qualified to be registered under the Medical Act, to professionally treat on his behalf, in any matter requiring professional discretion or skill, any sick or injured person, shall be subject to the same legal liabilities as a person who falsely represents himself to be a legally qualified medical practitioner ; but with special proviso that such enactment shall not hinder any duly regulated training of pupils by qualified teachers, nor any legitimate action of nurses, midwives, or dispensers.
- (b.) That communications be entered into by the Council, with the Registrar-General, with the view of procuring such amendments of the Registration Act as will diminish the present frequent evasions of the Registration Act in the certification of causes of death.
- (c.) That the Council record on its minutes, for the information of those whom it may concern, that charges of gross misconduct in the employment of unqualified assistants, and charges of dishonest collusion with unqualified practitioners, in respect of the signing of medical certificates required for the purposes of any law or lawful contract, are, if brought before the Council, regarded by the Council as charges of infamous conduct under the Medical Act.

To come back to the general practitioner: it will be impossible to shut out the unqualified of all descriptions, unless we at the same time, take steps to make all general practitioners as thoroughly acquainted with their business as they ought to be. Evidence was adduced before the Medical Commission conclusively proving the inadequacy of the training of many practitioners. The imperfect acquaintance of many of them, on their entrance into the profession, with obstetrics, was pointedly referred to; while Professor Longmore was quoted for the astonishing statement, that the picked men of Netley are not equal to the performance of the simplest analysis, viz., a qualitative one of urine. Mr. Gamgee's evidence as to the incompetence of many men for whose entrance into the profession the Scotch Colleges afforded a wide gate, furnished no information which has not been long ago in the possession of the entire profession. The specific cases mentioned by him, and his personal knowledge of the whole facts, made his evidence fall with particular weight on the ears of the Committee. Mr. Macnamara of London testified that it was his own opinion, and that of the profession generally, that numbers of persons entered it who were ignorant of the first principles of medicine and surgery. This is a strong statement, but it faithfully expresses the general belief, and is sustained by evidence from many quarters. What can be stronger, for instance, in favour of its correctness, than the body of testimony quoted in the article on apprenticeship, where it is shown that men actually unqualified are better able to discharge a larger part of medical duty than the fully fledged medical practitioner whom our schools turn out. Mr. Cooke mentioned a remarkable case of a general practitioner, whom he described as most lamentably ignorant of the most elementary matters of surgery, and who yet had a most extensive business, and was able to pass an examination, we suppose with *éclat*, for an University degree. This gentleman, Mr. Cooke describes as possessing those charming manners, which with women and fools, and we fear with other people as well, pass muster for qualities more important. This witness, whose personal acquaintance with students invests his evidence with special importance, gave it as his conviction, that the Apothecaries' diploma, which is the sole qualification possessed

by many, is insufficient to establish a man's capacity for the practice of medicine. Further on he says, he has found many qualified men "exceedingly ignorant," and again, "surprisingly ignorant" and "very much more likely to kill than to cure." Dr. Moore gave it as his opinion, that the admission of unsuitable persons into the profession is a matter of every-day occurrence. It would be a gross injustice to insinuate that these unsuitable and incompetent men all find their way into the ranks of general practitioners; on the contrary, very many of them elbow their way, with the help of money and influence and charming manners, into the front places of the profession. Your low-class diploma man finds it by no means impossible to purchase a higher grade in the course of years; it is a fiction also to regard every high-class diploma-giving Body as at all times sifting the chaff from the wheat. Let their friends deny it as they will, men *do* make their way through the portals of the best of them from time to time, who enjoy a notoriety for incompetence amongst their fellows, as complete as that possessed by the *wild geese who flit to the Clide or the Forth*. The remedy for this will be discussed elsewhere, for of course a remedy there must be before we can tighten thoroughly the legal strings which are to enmesh the various unqualified classes. There has been a great deal of hypocritical whining among the friends of existing abuses, against making better provision for preventing the entrance of unqualified practitioners into the profession. Dr. Redfern in his evidence was quite eloquent on the subject of the terrible evils which would fall on the poor from stricter examinations. These would cost more money, which make the doctor's education more expensive, and as the result, diminish largely their numbers. The learned professor, however, when cornered by the question, whether expensiveness up to the level of efficiency was not a necessity, was obliged to admit that thorough efficiency must be secured, even though the means employed to secure it tended to diminish the number of practitioners. The opinion of the late Sir Dominic Corrigan was quoted as to the necessity for greater vigour in the examination of those who tend the poor than in that of the rest of the profession.

It does not at all follow, however, that those processes of reform which are designed to weed out the incapable medical

practitioner, will, when carried into effect, produce any perceptible diminution in the numbers of the general practitioners. Abundant evidence was forthcoming that the various educational reforms, such as the increased stringency of the preliminary examination, etc., only produced a mere temporary lessening of numbers; and that this was almost immediately followed by an elastic rebound which left matters beyond even the previous water-mark. The numbers of the profession, as disclosed by the Medical Register for this year, indicate no falling off as compared with those of previous decades, though during all that period public opinion was engaged with great unanimity, zeal, and pertinacity in coercing most of the bodies to level up their curricula and their examinations. There are some allegations to the effect that in the wilder rural districts medical advice is becoming more difficult of attainment, because less relatively remunerated; but the causes which lead up to this are in nowise connected with educational rules and regulations; they will consequently not be affected or aggravated by them. The mere fact that one field of practice invites fewer cultivators, while all others draw, at least, unimpaired numbers, proves the attraction in the one case and the repulsion in the other, to be entirely independent of the cost of education. If the numbers, as a whole, maintain their relative ratio, unaffected by increased cost of education, a mere local displacement or disturbance of ratio, clearly is the exclusive outcome of local causes. A table showing the total number of registered medical practitioners resident in the United Kingdom for each year from 1876 to 1884, as well as the population for each year during the same period, will prove this:—

Year.	Population.	Medical Practitioners Registered and Resident.	Ratio.
1876	33,188,707	19,457	1 in 1,706
1877	33,562,449	19,777	1 in 1,697
1878	33,928,157	19,721	1 in 1,720
1879	34,286,078	19,553	1 in 1,754
1880	34,602,705	19,726	1 in 1,754
1881	34,902,705	20,106	1 in 1,726
1882	35,252,425	20,528	1 in 1,777
1883	35,602,145	21,159	1 in 1,683
1884	35,951,865	21,919	1 in 1,640

These figures do not evidence any great falling off in the number of medical men at the disposal of the public, but the contrary. It is therefore quite clear from what has gone before, that the general practitioner may be levelled up without unduly interfering with the supply required by the public. It is no less clear that in a per-centage of cases he requires such levelling up, and that this can only be fully accomplished by those professional reforms which are discussed in other parts of this work.

Let us now turn to another phase of the hospital question. How astounding is the statement, that in rich London there are over 600,000 patients in receipt of gratuitous medical relief, and this after making every allowance for error in calculation. This number is calculated to amount to nearly one in five of the whole population, while from the combined reports of the various State and Free Medical Charities, we gather that the cost of this immense medical relief amounts to the enormous total of a million pounds a year. This is for London alone, while a similar state of things is disclosed by Mr. Gamgee as existing in Birmingham, and from casual pamphlets, addresses, and letters, other large centres are known to prey equally on the medical victims. In Birmingham alone ten years ago, one in three of the population was relieved, and we are informed by Mr. Gamgee that the numbers have not lessened. Much thought and reflection have been expended in divers quarters in devising remedies for a state of things, which not only plunders the doctor but demoralises the patient. A criticism of these will be best indulged in after some preliminary notices of the methods of admission, and of the various defects, of the present system of out-door and in-door hospital management. The methods of admission to hospitals are chiefly four. The first is termed the "free system"; this implies the total absence of all payment, and of all letters of recommendation. This system is described by Dr. Johnston as a most mischievous policy, where the population is large and the staff, accommodation, and means limited. This system appears from all experience to lead to greater crowding and more difficulties of all kinds than any other. A Birmingham hospital states in its report, that the number of patients had become unmanageable. On the other hand it has

been claimed for a system which has led to such results, that it gives more complete control to the governing bodies over numbers and expenditure ; but experience has demonstrated the fallacy of such arguments. This system does as much injustice to the sick themselves as to their attendants, for it leads to, or rather it necessitates, a slipshod method, injurious to all parties concerned, of examining into patients' ailments, and of prescribing their treatment. But let us hear two eminent authorities on the subject. Mr. Holmes urged the necessity of inquiring into the nature of patients' ailments as well as into their domestic circumstances ; and he laid great stress on the fact that in our overcrowded out-patients' rooms a physician or surgeon can neither give the required attention to the patients, nor derive and impart, from the study of their cases, those lessons which it is one of the prime objects of an hospital to furnish. "As the poor," he concludes, "cannot have due attention, and the rich cannot expect to obtain the cultivation of the skill which the teaching in the hospitals used to give, this is a question of the utmost importance to both rich and poor, and a change ought to be made in the present system, in the interest of both classes." The surgeon to St. George's Hospital, whose words I have just quoted, holds such a position, as one of the surgical leaders in the metropolis, that his words need no confirmation ; and yet so important is the matter at issue, that corroborative evidence may have real value in the public interest. Therefore it is that I proceed to quote, from the *British and Foreign Medico-Chirurgical Review* for January, 1875 : "Hospital patients," it affirms, "are frequently seen at the rate of fifty an hour. It is true that private practice demands some little amenities which are not required in public practice. But still, after making all due allowance of this kind, we hold that the great evil of the present system is, that patients do not receive the time and attention which their cases demand. In other words, they do not receive what the hospital professes to give them. The cases do not get the careful advice which they fancy they will get by resorting to a large institution, and this last does not carry out the object for which its founders or governors have given their money. Such slipshod work as most of that which is performed in the out-patient departments of hospitals, is a fraud both on poor and

rich." If one of the young physicians, who, at a sitting in one of our large free hospitals, sees a couple of hundred patients, possessed all the qualities for a future Sir William Jenner, how could he do justice to his work, or to himself? If, however, the bulk of those patients were distributed amongst a score of general practitioners, attached to one or more provident dispensaries, there would be some chance that their ailment would be traced to their causes and that these would be attacked and removed. A practised eye, no doubt, detects the true character of a vast proportion of cases at a glance, and experience at once suggests the appropriate treatment; but every single case possesses a more or less marked individuality of its own, and science and common sense alike revolt against dismissing a patient with the rapid professional stare, the stereotyped question or two, and the prescription, which too often are all that is possible to give, under the ordinary hospital conditions. Cases of special clinical interest doubtless receive more attention; but the great desideratum is to attend, with all available means, to comparatively trivial ailments before they acquire exceptional interest; not to reserve consultations and scientific resources for times of great danger, but to widen the scope of their preventive influence."

So much for the results of the entirely free system. We will now come to the next system of admission. Under this a letter of recommendation is required from a subscriber to the Charity, and on the strength of this he can present himself for examination to some of the medical authorities, by whom, when examined, he is either admitted to the wards, if the circumstances of his case call for it, or he is relegated to the out-patient department. In some hospitals patients are admitted by the extern physicians and surgeons, who select the most suitable cases from among the crowds of out-patients. Lastly, the regular physicians and surgeons, or the hospital lay heads, admit them direct, either *proprio matu* or at the request of medical practitioners. Many hospitals ask the patients to pay nothing, while others require something. From some calculations made, it would appear that hospitals might be divided, in the matter of payment, into two classes, roughly speaking: those that make their inmates pay something, and those that require them to pay nothing. The means adopted for testing the claims of the applicants are of

the crudest. In a small per-centage of cases only, is anything like personal inquiry instituted, while in all the others the protestations of the patient, or of his patrons, constitute the only tests applied. Many of the special hospitals in London now charge something to patients above the class of paupers, but the means they rely on for the discrimination of suitable cases continue to be most imperfect. In some hospitals the letters of recommendation must contain an epitome of the patient's social and pecuniary circumstances, but this kind of precaution, as has been before stated, affords no protection ; yet, defective as it is, it does not appear to be the worst of the lot, and we have the authority of a leading Birmingham reformer for its superiority over all others. With great respect to this gentleman, we dissent altogether from his conclusion, but we reserve for the moment our own views as to the best substitute for the present systems. In those hospitals where a fee is charged on admission, for the purpose of checking these very abuses, they are just as rife as elsewhere ; indeed they take a new form of development, for while the farcical fee fails to keep out unworthy objects, it is admirably successful in keeping out worthy ones. Many and many a struggling creature may be eminently deserving of admission to an hospital ward, and yet wholly unable to pay even the paltry admission fee ; while many others may be only too well able to pay the fee, and for that very reason be entirely undeserving of admission. In yet another class of hospitals the weekly earnings are made the test of suitability for relief. Such a test would form a very suitable one if the entire circumstances of the patient were taken into account. Thus one party with a big family may be poorer on 30s. a week than another with no family on a smaller weekly stipend. The truth is, that thorough house to house inquiry, with the entire onus thrown on the applicants of proving their fitness for relief, is to our mind the best way of getting at truth, and the only way to approximate towards putting down imposition. We have before dwelt upon the results which ensue to patients themselves. Whole crowds of people packed together as if they were in a hot bath, waiting time out of mind for the advice, which in the end they get, not from the party they bargained to see, but it may be from a student of two years'

standing, and at a telegraphic pace which certainly *does* leave something to be desired, but then they deserve no better. We have no pity to spare on them, There is usually a great deal of wailing about the demoralization caused by all this—their status and self-respect, and so forth, are said to be lowered, and no doubt they are; but with these moral degenerations we will have nothing to do. Let writers of another description sermonise to their heart's content about all this, its pauperising influence and its blighting effect upon thrift, and forethought and so forth. Punish them right, say we, “the knaves,” for when they set out by robbing us, we are uncharitable enough to wish them “God speed” in the act of robbing themselves on the road. Wholesale and retail, indeed, are we robbed and plundered, and the accounts which are given of the numbers, the status, and the circumstances of the thieves are simply incredible. The well-to-do dress themselves up in the garb of penury, the master in that of his servant, and every imaginable device is resorted to to impose upon the too ready eyes and ears of those who are but too often thinking of currying favour, for the next domestic fit, with the palpable impostor whose *lâche* might be detected with half an eye. From all this it will be seen that the doctor, the deserving poor man, the charitable public, and even the well-dressed impostors are all alike victims. Now with regard to the remedy. We have never been able for the life of us, to understand the difference between the applicant who gets his relief from the State, and the other applicant who receives his relief from a non-State source. Both are recipients of charity, and if the second is not, what is it that he gets? Is it something that is due to him? But it is the former that receives the something that is due to him, for that is the most intelligible theory of State relief. A dole is what may be withheld, and it is your visitor at a voluntary hospital, and none other, that is the recipient of the dole; where then is the difference? or if there be a difference, our perversity would fain cause us to decide in favour of the superior respectability of the former relief, which cannot be withheld because it is deemed to be a debt due to the applicant.

It being, then, an admitted fact, that numbers of people get both advice and medicine, either within or without hospital

wards, who have no right whatever to receive such because of their being able to pay for what they require, let us now see what are the remedies. First, however, we should divide those offenders into three classes: 1. Those whose means would in reality allow them to pay the highest fees; 2. Those who could pay moderate fees; and 3. Those who require to go on paying while in health into some Bank or Club in order that the accumulated savings might in the end, when their quota of sickness comes to them, be enough to pay such moderate fees as would enable them to obtain the services of some practitioner. The English Charity Organization Society should be taken to the heart of every medical man in the British Isles, should be endowed by each with such increment of new life and vigour as real enthusiasm might bring to it, being thereby so extended and developed that its ramifications might cover the Three Kingdoms as with a net-work. Such a net-work, properly utilised, would soon clear out all but the really deserving classes from the wards and out-rooms of our hospitals. We would have all parties admitted to such places, after they, or some known person for them, had first signed an undertaking in writing to repay their expenses either in whole or in part, according as their subsequently ascertained means would allow. In chronic cases, no person should be admitted until the local branch of the Organization Society had first clearly ascertained his means. In the acute cases, the written undertaking should be handed in, countersigned, if possible, by a second party as additional security before ever the patient should be admitted. The searching inquiries might then be conducted with some reasonable hope that the patient could be come at, if unworthy of charity. Until such a system as this is adopted, it is useless to preach up the provident dispensaries, clubs, and societies, as no matter how cheap, numerous, and accessible these may be, they cannot hold their own against the competition of gratuitous hospitals and dispensaries.

This has been shown to be the fact by the complete failure of large numbers of those institutions under the pressure of the unworthy competition referred to. Modify free admissions, governors' letters, registration fees, single tests of wages, medical admissions, governors' "open sesames," and provincial doctors'

requests, by requiring that each of those be supplemented, tested and corrected, by a house to house individual and thorough inquiry at the hands of a branch of the Organization Society, and you will at once make easy and practicable the creation and working of a complete net-work of self-supporting institutions, which will place at the disposal of all who ought to pay, that medical aid which they now too often obtain from hospitals and dispensaries, which were intended exclusively for those who are unable to help themselves. Reformers will then be able to set to work with an expectation of success which they cannot at present pretend to have; and besides improving the doctor, we will improve the hospital out-patient, by giving him a value which he does not at present receive during his flitting visit to the surgeon or physician. The deserving poor, who cannot at present get beds, could then be provided with them, and if no such should need the vacant beds, hospital hygiene would be all the better for the diminished crowding, and hospitalism would slay fewer victims than it does at present. We will now quote a few statistics bearing on those institutions, and certainly the expedience of some of them is in favour of the proposition, that mutual assurance renders it possible for the working classes to make efficient provision for themselves, and so to preserve both their health and their self-respect at the same time. Friendly Societies and Sick Clubs are among the contrivances which the honest working-man has established for the supply of his medical wants. In the first class not only is a doctor provided, but the party is maintained while sick. The amount paid to the doctor varies from 2s. 6d. to 10s. per annum, for each member. These Societies are very much abused, as numbers of wealthy people enrol themselves in them for the very purpose of swindling the doctor. Here it is the doctor that is in such painful need of a little self-respect, since a very small infusion of it should suffice to render it impossible for any member of the profession to allow himself to be thus defrauded. The Sick Clubs work pretty much in the same groove as the Friendly Societies, the two titles being more or less synonymous. The Suffolk County Medical Club has been singled out by more than one writer as the model one for description. It consists of honorary members who contribute £5 at once, or 2s. 6d. a year, and benefit members who either

earn £1 a week, or who belong to the servant class. In the case of servants, those who earn more than £8 will not be admitted. The scale of payments is as follows:—

Single member ..	5s.	Married couple with three	12s.
Married couple ..	9s.	Do. with four ..	13s.
Do. with one child ..	10s.	„ with five ..	14s.
„ with two ..	11s.	„ with more than five	14s.

An allowance of 4s. 6d. is made to parties who are paying another club for medical advice. Fifteen and 20s. are paid for confinements according to distance, and of this, half comes out of the members' pockets. Where surgical operations are to be performed, additional fees are allowed, which are calculated after the poor-law rate. The payments made to the doctors are pretty much the same as those paid by the different Friendly Societies. Most clubs of this description could only be properly floated by a little help from the outside, and they could only be successfully worked by keeping out wealthy members, and by giving such fair play to the profession, both their own officers and the profession at large, as would eliminate even the appearance of injustice. In the case of Provident Dispensaries, which were established for the benefit of the same classes as those who constitute the members of clubs and societies, two divisions are made of the members:—the rich who help the good work, and the poor workman who joins to secure cheap advice. The former are called honorary members, and the latter provident. The first class pay one guinea yearly, or five for life; benevolent parties, collecting ten guineas, are honorary members for life; parties earning more than £2 a week are excluded unless under very peculiar circumstances. Its affairs are managed by a committee, composed of a president, a treasurer, medical officer, and members. The honorary members must constitute one half the governing body.

Each member above sixteen pays	8d. a month.
Married couple ... pay	10d. „
Each child	2d. „
Widows	4d. „
Children of widows (each up to three)	1d. „

No charge is made for any number of children above three. All fees are paid in advance, and where parties are sick on joining, their membership is made to date from six months back. There are of course fines for arrears, these mounting up from two pence for the first month, to eight pence for the third, at the end of which time the party is cut off the rolls. Midwifery is extra, and must be paid for in advance at the rate of 15s. for each case, and 7s. 6d. for a nurse. One of the most important of all the rules is the liberty allowed to patients to select any medical man they please. Another very important rule is the right allowed to every member of one provident dispensary to make use of the advantages of any other according as he changes his quarters. Where hospital treatment is required the doctor is bound to recommend it. One-half of the entire payments of the provident members is handed over to the doctors. A sum of one pound is allowed however for midwifery, the difference between it and the sum actually paid being supplied from the common fund. When fees and all other expenses are deducted, two-thirds of the balance are given to the medical officers. Such is a brief outline of the rules of the Provident Dispensary, and if the well-to-do were only kept out the institution would work well; but kept out they have not been, and as the consequence they have in notable instances broken down completely. Of course medical men are sure of their money, and get it from quarters that to a large extent, without such a system, could be got to pay nothing. The Irish Dispensary system, if extended over the whole of England, would provide for the very poor. A provident system under quasi-State direction, somewhat after the fashion of Post Office Assurances and similar Government ventures, could provide for those above the poor, while the rich, of course, could take care of themselves. As to hospitals, the entire hospital system must be unified and placed under State control. An immense saving would be effected by this. As to the method of dealing with different classes in hospitals, the matter is confessedly fraught with difficulties. It is unnecessary to state here again the extent to which they are abused; the question is now how to deal with them. It has been suggested in one quarter that in the out-patient department every one should be charged a small price

for drugs, but this is objectionable, and instead, we would send the poor man to the Poor-law Dispensary ; his better to the Provident one, and the rich knave to his private physician. All of this would have to be effected, as herein before detailed, through the medium of individual inquiry. As regards in-patients, there is even greater diversity of opinion as to the most suitable remedies. Sir Rutherford Alcock is in favour of taking a certain number of wards in good hospitals, and setting them apart for patients at different rates of payment. Mr. Hutchinson and Sir Francis Hicks are opposed to this. They declare that such a system could not work, because it is offensive to the self-respect of the patient, unpopular with the profession, injurious to hospital hygiene, and eminently calculated to breed trouble and disturbance in the hospital administration. Far different, however, is the outcome when poor paying patients are alone admitted. Mr. Burdett remarks on this point that in a clear distinction between these two classes the solution of the question is to be found. The very poor should be paid for by the guardians, those above the poor should be charged at small rates, while the remunerative classes should be provided for in separate hospitals. It has been well remarked that people of mediocre means are simply ruined by the expenses of a long illness. Such persons in many instances require cheaper attendance than they could get at home. The lodger, or the single man, or the solitary spinster, can *not* be taken care of at home, and for such parties, and for such alone, we must have pay hospitals. These separate pay hospitals are to be met with in nearly every country in Europe. They are usually public institutions, and they are usually so managed as both to meet the wants they are designed for, and to leave a profit. In the French ones, the patients can call in any hospital physician or surgeon, provided, however, he pays him, and obtains the consent of the Medical Director and of the physician in charge. He obtains these, however, as a matter of course. Extra diet and nursing, and a separate room, are charged for extra. In Germany all classes of patients pay, but according to their means. The more that is paid the better is the accommodation, and this seems not to be liable to the objections urged against the English system, as they take kindly to it in Germany. In Italy there are three

rates of payment in the pay hospitals : the lowest pay 6s., the second 7s. 6d., and the third 9s. per diem. Mr. Burdett speaks of the Norwegian and Swedish hospitals as model institutions. Three divisions are made of the patients in these hospitals ; the lowest are the Poor-law patients, who are paid for by the Union authorities, and occupy wards containing from four to ten patients. The second class occupy wards containing from two to three beds, and receive a better fare. The highest class have separate wards and receive still better fare and attendance. The distinction of fare is highly objectionable. The outcome in Sweden and Norway is that the hospitals are self-supporting. The Medical Profession in England should tolerate no such system, as the utmost concession to be extended to the well-to-do patient should be admission to an institution where his usual medical attendant can see him. In America 40 per cent. of the total cost of maintenance of the more important hospitals is derived from pay patients. In fact nearly all, if not all the hospitals there, have a pay system alongside the voluntary one. Unlike the Swedish and Norwegian hospitals, no distinction is made in the matter of diet, but the non-pay patients there are expected to give a little help in the way of nursing, cleansing, etc. The beds of the pay-patients are not exclusively placed in separate wards, being in a great many instances mixed up with those occupied by the pauper patients. In the ordinary wards there are some beds called endowed beds, which are supported by wealthy individuals, and to which admission is free. There is also in American hospitals an elasticity which permits the managers to relax the tightness of their strings in times of pressure and calamity. It is alleged that this system is popular with all parties, even with the Medical Profession, but this is a layman's account of it, and until the profession themselves speak out, our brethren here would do well to suspend their judgment. What is certain is, that the staff are not paid for their services, and so long as this is the case, human nature in America must be the exact antithesis of what it is represented to be, if the hospital staffs are satisfied to attend not only the poor but the rich without fee or reward. In the Massachusetts hospital there are various grades of payment, according to the means of the patients, and no one is placed in a free bed unless he is clearly

unable to pay something towards his support, and all this is ascertained by a searching inquiry into the patient's means prior to admission. In addition to the public hospitals, whose regulations thus so seriously affect our general practitioner, there are private pay hospitals in America. These are owned by medical men, and do not commend themselves to an independent critic, as deserving of praise from the standpoint of the profession at large, as they encourage monopoly, and discourage that free circulation of patients which is necessary to fair play all round. In many of our colonies, too, the American system is in vogue, and with advantage, of course, to the profession. The system of combining pay and free patients in one hospital has been as little successful as the general practitioner could desire. The *Maison de Santé* is an institution which has been established in Dublin for some years with a fair amount of success, and to most of its rules we think no general practitioner need take exception. The essential rule is that each practitioner is at full liberty to attend his own patient, and that the tariff of charges is sufficiently reasonable not to unduly interfere with his ability to do so. There are some of the rules, however, which would advantageously admit of change. Thus one of the rules requires that all applications for admission must be made to one of the doctors connected with the institution. This has the effect, whether designed or not, of encouraging the patient to transfer himself to the care of the party admitting him, and consequently it leads in practice to shaking off his own medical attendant, who is supposed, according to the rules, to enjoy a clear stage though without favour. The English Poor-law hospitals in the metropolis are empowered, since 1879, to admit pay-patients to the infectious wards; no provision, however, is made for non-infectious cases, and there can be no doubt that there are classes, such as have been enumerated elsewhere, who must be provided for in some pay institution of the Poor-law type, and who can be so provided without loss to the profession. Classes above those who can afford to pay something more than a mere nominal sum, should be provided for, not in general hospitals, nor yet in individual venture hospitals, such as the American private pay hospitals, but in institutions fashioned on the model of the Dublin *Maison*. The attempts to pack rich patients into general hospitals has

happily broken down, on the whole, in England, and it is a matter for congratulation to us that it has done so. An able writer, Mr. Burdett, in advocating the admission of poor paying patients to general hospitals, throws out the suggestion that the fees derived from them should be allocated to the payment of the junior staff, in whose charge he would place them. He adds the very pertinent remark, that such remuneration would enable the most talented of the medical classes, who are now driven to obscure country corners for want of means, to take such appointments and to keep them. It will thus be seen what a large portion of the business, which belongs of right to the general practitioner, is taken away from him by hospitals, dispensaries, etc., and how essential it is, both in the interests of the profession and the public, that remedies should be provided for gross abuses, which cannot rob the one without in the end injuring the other.

GENERAL EDUCATION.

If the General Medical Council has its undoubted shortcomings in other directions, its many honest efforts to improve the general education of the practitioner deserve some acknowledgment. Before the Medical Act passed, many youths entered our ranks without any preliminary examination, others slipped in on a purely nominal one, while many more scampered through the arts portals towards the end, instead of at the commencement of their career. Much of that has now been changed. Everybody now passes some kind of an examination, and that for the most part at the commencement of his course. When, however, an advance is allowed to have taken place, there we must stop, for much, very much, still remains to be accomplished. No one would propose to accept the scraps of Greek and Latin that pass muster at most of these examinations as sufficient. The subjects examined in need not be numerous, but the knowledge of them should be thorough. Greek and Latin are useless, we are told, in this practical age; it is only practical subjects that should be mastered. Natural science, foreign languages, and their congeners should absorb the time and attention of our youth. Now the scope of this work does not

admit of any discussion on the relative merits of the ancient languages and the "real" studies, as instruments of training; it is enough that the great majority of cultivated opinion still accords to the classics that foremost place from which the assaults of centuries have not sufficed to displace them. Enough also that in giving them the first place it is not proposed to shut out from a proper share of the field those practical subjects to which others would give either the whole field or a leading part of it. What, however, we should have is a real knowledge of Greek and Latin, or rather of certain defined authors in those languages, instead of the sham article which the examiners alone do, and perhaps alone *must*, exact. I do not know that great portions of those authors ought to be committed to memory, or that persons whom nature never intended to master much prose should be obliged to rack their brains in futile attempts to make verses. I say, I do not know; a few years ago I would have said, "I do know" that such a practice is folly, and where practised it should be given up, for it leads to no useful result. Now a more thorough introspection, and a wider collation of the views of those who are entitled to speak—men like Arnold, Newman, Spencer and others—make me think differently. I would give then to Greek and to Latin the first place, and I would take care that the student's knowledge of them should be real, thorough, and such as should engage every faculty of his mind. Add to this Euclid and Algebra, and a knowledge of his own tongue, and let his knowledge of these be as thorough as those of the preceding, and I should not further trouble myself about his preliminary attainments. Make him thorough in a few fundamental subjects, and you will inspire him with both love of knowledge, and the best means of adding to it. In the present day everything is superficial and worthless because the limited nature of the human faculty is lost sight of, and the reality is sacrificed for appearances, the substance for the shadow, the false glitter for the real metal. French and German are all excellent in their way, but both those subjects might be learned by him who has thoroughly mastered a few subjects with an ease and completeness which would be utterly impossible to the mere smatterer in many subjects. Love of learning for its own sake, and the frame of mind which takes kindly to hard unremitting

or rather ever-recurring work are what are wanted, and these are only to be created, fostered, and matured by the man of few subjects. Send each student into the world of professional study, knowing well what he does know, and such a man will assimilate knowledge with a thoroughness and a rapidity and a permanence wholly beyond even the possibilities of others.

The evidence before the Medical Commission has made it quite plain that the entire system of higher education in these countries is rotten to the very core. The revelations of some of the Scotch witnesses are simply astounding, and yet it is from that country that we were accustomed to hear the loudest vauntings of their educational superiority over every one else. Nothing has been more completely established than the necessity for sweeping reforms in the secondary and higher educations in these kingdoms. There are immense endowments in England for secondary education, but to get the full value out of them there must be a complete system of re-distribution. Every locality should have an accessible endowed school, which would give a good education for reasonable charges. No one should be permitted to teach in any department without first passing an examination, and receiving a State certificate of competence. This is the state of things which obtains in other countries, and it is time that insular prejudices should allow it to be copied at home. It has been well said that the State in the small matter of pulling out a tooth, does not leave the public to the sole protection even of results, but throws the ægis of a certification system over the sufferer, for it enables him to guard himself from all ill, by selecting the tooth-puller from a duly certified list; and it has been added, "how much more is it bound to throw its ægis over the youth whose prospects may be blighted for his whole lifetime, by an unfortunate selection of a teacher, made by thoughtless or ignorant parents?" The evils of the existing system in England are so widespread as to affect, not only the recruits for the Medical Profession, but the whole circle of national prosperity. A revolution in the whole teaching system of England is not only needed, but we are glad to think is even impending. Medical reformers must contribute their own quota towards hastening the birth of the new Minerva, and in the meantime the watch over the College portals should suffer no relaxation

that we may turn existing scant resources to the best account. Scotland plainly needs re-arrangement also, and Ireland, despite her Intermediate Education Act, as sadly and as badly needs the medicine of the State for this disorder as either of her sisters.

The inferiority of the standard in these countries as compared with those of France and Germany, is clear and decided. In the former country every student before commencing his medical studies, must be both a Bachelor in Letters and a Bachelor in Science; an enumeration of the well known subjects for these degrees, and the examination to be passed would demonstrate this. Thus for the *Bachelier des Lettres* a complete course of classics, with mathematics, history, logic, etc., are required. While for the Science Bachelorship the student is examined in a complete course of chemistry, physics, and natural history. The German student must have what is called a going-out certificate from a gymnasium, and this implies a knowledge of the mother tongue, Latin, Greek, and French, mathematics and physics, geography, history, divinity, and logic. Contrast all this with the facts disclosed in Mr. Glover's evidence before the Medical Commission with regard to the Scotch College of Physicians and Surgeons; observe, he quotes from their own special report; thus:—"The Council of the Edinburgh College of Physicians states in one of its latest reports, that as regards the general attainments of candidates, it regrets to be obliged to state that little or no improvement has taken place." He mentions also the astonishing fact that at a recent entrance examination, out of 75 candidates, only 46 knew the genitive of *unus*, and only 48 the genitive of *idem*. Dr. Haldane is quoted by the same authority as having stated, "that at a late examination of the College of Surgeons of Edinburgh 53 per cent. were rejected in Latin, 75 per cent. in Greek, and 40 to 45 per cent. in Algebra, Arithmetic, and Geometry." Dr. Haldane adds that there were other bodies where that standard was not acted up to, and he advances the specific charge that men presented themselves for the professional examination every day in Edinburgh who did not know English, and who could not even spell or express themselves correctly. Is it a wonder that with such a training as that, the mass of the profession should have so little weight in the intellectual, social, political, or even civic scale? Is it

surprising that the idea which most of them have of their duties as citizens of a free country, is to consider themselves discharged from public sacrifice or labour of any description, and entitled to devote themselves exclusively to mere shop interests. Thus in the opinion of these wretched travestiers of a learned profession, the village publican and the village baker are to have political duties to discharge, but the *soi disant* learned profession is to hunt for its fees, to cultivate the fee-givers, and to do nothing else. Abroad the greatest medical minds have been equally foremost in the field of politics and in the field of science. In Germany and France the highest positions in the State are held by persons of whose cast-off garments your English non-political doctor is glad to lay hold, and either palm them off as his own, or play the less ambitious part of the mere editor and collator. Yet we are often told in these kingdoms that there is an incompatibility between the duty of the citizen and the labours of the ward or the study. This is of course but the excuse for conscious back-sliding. It is satisfactory to note that the impotence to which this has reduced us as an integral part of the political machine, is attracting so much attention within our ranks, as to give promise at least of a change for the better. Men have often sat at public Boards beside members of our profession, whose highest idea of their responsibility was to turn to their own base profit every opportunity afforded them by their position, and who by their own baseness painfully aggravated the difficulties, and immensely increased the sacrifices, of the honest members of the Board. Such men are a disgrace to us ; a single one of them is enough to disclass the profession of a whole county ; and nothing but the remnants of the old traditional respect for medicine, some small portion of which still abides among the people, really saves us from our due desert, of being esteemed below the honest drayman, who manfully fulfils every public duty imposed on him by the constitution of a free State. Until medical men are educated, until the entrance examination is made a reality and not a sham, this low view of civic duty will continue to be taken, and we shall sink lower and lower in the civic scale. The best arrangement would be to oblige each candidate to take out a degree in Arts before entering on the study of medicine, and to take it out

at a *bona fide*, that is, at a teaching University. Time is one of the most important ingredients in the process of acquisition : mere knowledge is not the chief object aimed at ; it is the development of the various mental faculties, and not the exact number of facts accumulated, that constitutes the more important object to be realised. For this development time is indispensable, and towards it large masses of facts are more unfavourable than otherwise. Examinations are excellent aids, but bad masters, and our disposition now-a-days to see in them not aids but ends, is calculated to do, and is doing, immense mischief.

Cardinal Newman, in one of his discourses, states that the practical error of the last twenty years has been, and that this error continues to be, not to load the memory of the student with a mass of undigested knowledge, but to force upon him so much that he has rejected all. It has been the error of distracting and enfeebling the mind by an unmeaning profusion of subjects ; of implying that a smattering in a dozen branches of study is not shallowness, which it really is, but enlargement, which it is not ; of considering an acquaintance with the learned names of things and persons, and the possession of clever duodecimos, and attendance on eloquent lectures, and membership of scientific institutions, and the sight of the experiments of a platform, and the specimens of a museum ; that all this was not dissipation of mind, but progress. All things now are to be learned at once, not first one thing, and then another ; not one well, but many badly. Learning is to be without exertion without attention, without toil ; without grounding, without advance, without finishing. There is to be nothing individual in it ; and this, forsooth ; is the wonder of the age. What the steam engine does with matter, the printing press is to do with mind ; it is to act mechanically, and the population is to be passively, almost unconsciously, enlightened by the mere multiplication and dissemination of volumes. Whether it be the school-boy, or the school-girl, or the youth at college, or the mechanic in the town, or the politician in the senate, all have been the victims in one way or other of this most preposterous and pernicious of delusions. Wise men have lifted up their voices in vain ; and at length, lest their own institutions should be outshone, and should disappear in the folly of the hour, they

have been obliged, as far as they could with a good conscience, to humour a spirit which they could not withstand, and make temporising concessions at which they could not but inwardly smile.

Elsewhere he says, speaking of the academic institutions of England, there is in their very atmosphere a sort of self-education, a characteristic tone of thought, a recognised standard of judgment, which, as developed in the individual who is submitted to it, becomes a twofold source of strength to him, both from the distinct stamp it impresses on his mind, and from the bond of union it creates between him and others—effects which are shared by the authorities of the place, for they themselves have been educated in it, and at all times are exposed to the influence of its ethical atmosphere. Here then is a real teaching, whatever be its standards and principles, true or false ; and it at least tends towards cultivation of the intellect, it at least recognises that knowledge is something more than a sort of passive reception of scraps and details ; it is something, and it does something which never will issue from the most strenuous efforts of a set of teachers, with no mutual sympathies, and no inter-communion, of a set of examiners with no opinions which they dare profess, and with no common principles, who are teaching or questioning a set of youths who do not know them, and do not know each other, on a large number of subjects different in kind, and connected by no wide philosophy, three times a week, or three times a year, or once in three years, in chill lecture-rooms or on a pompous anniversary. So much for the *genius loci*, and what it can do. Unfortunately the *genius loci* does not do everything, and that more could be done than appears to be done at those schools may be plainly seen from the following, taken from the report on English public schools. Several tutors and examiners of Oxford and Cambridge gave evidence—“That the average number of youths entering the Universities from Public Schools are “badly grounded,” are, “in knowledge absolute ignoramuses,”—“have everything to learn, and little desire to learn anything,”—“have few intellectual tastes,”—have “very un-awakened minds, and habits of mental indolence and inaccuracy,”—“require their short comings to be supplemented” by the University teaching, which is therefore “hampered” by interference with its own proper work,—evince “surprising

ignorance" on points not strictly academical,—are "deplorably ignorant of English literature, English history, and English composition,"—"read worse than the majority of pupil teachers in elementary schools," and often spell deplorably.

Lord Clarendon, too, spoke severely, during the examination of Dr. Balston, of everything in the way of general knowledge being given up at Eaton, in order that Classics might have all the time; yet boys went up to Oxford "not only not proficient, but in a lamentable state of deficiency with respect to the Classics." Mr. Gladstone, moreover, testifies that "the amount of work which we get out of the boys at our public schools, speaking of the mass of them, is scandalously small." It is therefore clear that before the preliminary standard for admission to our ranks can be properly levelled up, there must be a sweeping change in the secondary education of the country. In England and Scotland it should be in the direction I have before indicated. I shall be told that nothing is wanted in Ireland, that the Intermediate Education Act supplies every facility and every test that could be desired. The ignorant parent, I shall be told, is so adequately protected by the evidence of "results" that he needs no other guarantee, either for the competence of the teacher, or for the manner in which he attends to his duties. Here let us quote from Mr. Payne's admirable work on Education:—

"I come to consider the first special point: the theory of free trade in education. This theory was thus propounded by one of the speakers at the Conference. He would allow "anyone to set up for a schoolmaster who chose to fancy he had the ability, leaving it to the public to decide whether or not he was fit to follow the profession." This is indeed free trade pure and simple. Every one is to offer his wares, and it is the buyer's business to see that he is not cheated in the bargain. There is nothing new in this idea; it is in fact the one almost universally prevalent amongst us. I have referred already to its extraordinary results, and have questioned the general competency of the buyer in this case to form a correct judgment of the value of the article he buys. It has certainly been assumed that he is competent; but the state of the market, and the general inferiority of the wares, invalidate the assumption. But there is the seller also. Let us look at him for a minute. Is he, in

the first place, an experienced and well-informed judge of the article he sells? Well, he may be; but it is more likely, in this case, that he is not; and if he sells you bad and poisonous meat for good, you have no sort of redress. You may try a dozen, and after suffering from each trial, you may, perhaps—for it is by no means certain—hit upon a thoroughly good man. Is this a predicament in which to leave the education of the English people? No; we cannot admit that the fact that a man chooses to fancy that he has the ability to undertake a function, constitutes a sufficient warrant for the indulgence of his fancy, and especially in a field of action where the dearest interests of society are at stake. We do not permit a man “who chooses to fancy” that he has ability to practise surgery, to operate on our limbs *ad libitum*, and only when public opinion is roused to its danger, decide whether he is fit to follow the profession of a surgeon. Nor do we allow a man who may “choose to fancy that he has the ability to take the command of a man-of-war, to undertake such a charge on the mere assurance that he may safely trust to his “inward impulse.” And if we require the strictest guarantee of competency where our lives and property are risked, shall we be less anxious to secure them when the mental and moral lives of our children—the children of our commonwealth—are endangered? We cannot, then, accept the free trade theory as meeting the case. It has been tried long enough, and has been found utterly wanting. It has no tendency to supply us with the best article, and it virtually places the worst and the best on the same footing. The public of the year 2000 may perhaps think favourably of it; but then that public will consist of buyers competent to judge of what they are buying; the public of 1869 are not.”

So much for the competence of parents to judge teachers for themselves without the protection of an examination. Let us now give another quotation from the same author, in proof of how little reliance is to be placed on mere results as a test of the way in which the teachers discharge their duty:—

“The second class of opponents was composed of those who would limit their interference with a teacher’s qualifications to the scrutiny of his work periodically. ‘Let him be what he may,’ they say, ‘as far as preparation is concerned, if we find that he

turns out good work—if his pupils stand a thorough examination—we have nothing more to do with the matter. By his fruits let him be known.’ This plea is so plausible, so much may be said for it, that when I begin to question whether it is perfectly satisfactory, I may reckon on being deserted by some who have hitherto supported me. Still I venture on the ground. It does seem very fair and straightforward in a teacher to say, ‘If you doubt my qualification for my office, examine my work, and form your own conclusions. You approve of the adage. ‘As is the master, so is the school’—trace me in my school, and give me credit for what you find.” This does, I say, look extremely fair; and if it is to be taken literally, it is a capital concession to the advancing power of Kosmos King *vice* Chaos deposed. There are, however, two or three remarks to be made upon it. First if we examine the work, we must examine the whole, not merely a part of it. The goodness of a school cannot be judged by the success of a minority of its scholars. There are in nearly every school a few boys whom natural talent, stimulated by ambition, will carry on by very little exertion on the part of the master, to a high pitch of advancement. These boys do, in fact, generally teach themselves, though the master gets—and often undeservedly—the greatest part of the credit for their work. The striking success of these exceptional boys is not, however, the test we seek. It is no evidence whatever that the general average of the teaching in the school is good. The examinations which are to test the qualifications and powers of the teacher must then be examinations of the whole school, and not of its picked boys only. If out of a hundred pupils ninety are not in a satisfactory condition, whatever may be that of the remaining ten, the success of these is not to be attributed to the general goodness of the methods of teaching; while the failure of the ninety is distinctly chargeable on their general badness. It is plain that, if the methods are generally good, the result must be just the other way. Ninety would succeed, while ten might fail. Methods which, somehow or other, end in the failure of a large majority of the pupils, cannot then be pronounced satisfactory. But, again, suppose that, on looking closely into the success of the one-tenth, we find that it consists in a result gained for the

most part by a very mechanical exercise of the mind—that the memory only, and not the reason, has had by far the greater share in the achievement—that the knowledge gained, or apparently gained, so far from being digested and assimilated into the life-blood of the mental system, is mainly in so crude a condition that it is almost useless as a means to that end, that the facts of which that knowledge consists are not only in a crude state when viewed individually, but are so unconnected with each other by natural association, as to be altogether unfitted to form the basis of that science which, in a later stage of the instruction, ought to be founded on them—if, in short, on a fair and accurate scrutiny, we find that the success in question is rather due to cramming than to enlightened instruction—are we, without hesitation, to congratulate the teacher on the result of his labours? It is unjust to him to say, that, had he been acquainted with better methods of teaching, the result would have been more valuable; and—if he will insist on our seeing him in his work—that the reflection proves the imperfection of the image? Any kind of exaggeration on my part would, I am aware, injure rather than aid the cause I wish to serve; and my statements and opinions will and ought to be reduced to their proper worth; but I believe that no one who has bestowed the same amount of pains upon the subject as I have done will judge me to be far wrong in the estimate I have formed. I therefore conclude, and hope I carry you with me in the conclusion, that the real value of results is to be estimated in connection with their causes: and as, by my argument, the teacher is responsible for the results of his teaching, that the examination of *his work* requires to be preceded by a preliminary examination of *himself*. This is conceded by those whom I placed in my third category, and the only difference I have with them consists in the different views we entertain respecting the nature of that preliminary examination. I do not agree with them in thinking that the examination should be merely an intellectual test. I think it should also test the teacher's ability to teach, and be itself the result of a special course of instruction and training in the theory and practice of education.

To sum up then, we want in Ireland and the sister kingdoms numerous cheap and good secondary schools; they must be

established as the result of direct endowment, though, having regard to the political difficulties in the way, we would give a tentative and limited trial to the following sweeping changes in the existing Act. 1. We would confine result fees to day schools. 2. We would allocate these in such wise as would secure a sufficient grant to even the smallest schools. Thus instead of giving an equal amount for any number of passes we would give £20 apiece for the first three passes, and small amounts for any number after three. 3. We would recognise no school whose teacher was not certificated. 4. None where the entire school time would not be bestowed on the teaching of the subjects of the curriculum. 5. We would wish each school to be inspected regularly, the names of the pupils to be returned on each first of October, to the central office, the age rule to be strictly enforced, the attendances to be increased to 150 for each boy, and the number of the pupils not to be in excess of that of the teaching staffs. The funds placed at the disposal of the Commissioners should be considerably increased either from a Parliamentary grant or from a re-arrangement of existing endowments. Lastly, the curriculum should be confined to the subjects proper to secondary education ; primary subjects such as arithmetic, and technical or University subjects such as Chemistry, Physiology, etc., being relegated to University centres. With such changes as these a sufficient number of cheap secondary schools might possibly be provided in Ireland, though we are disposed to think that to accomplish this, direct endowment will, in the end, have to be resorted to. With every respect for the opinions of many witnesses before the Medical Commission, I for one am decidedly against handing over the Preliminary Examinations to lay examining Boards, and would prefer to see a special Arts Board established for that purpose under the direct control of the Medical Council in each division of the three kingdoms. I cannot for a moment understand why so many witnesses should be so anxious to hand over to a number of irresponsible authorities these important examinations. We have had irresponsibility enough, and it is to remedy this that the whole profession is about being revolutionised ; and we can *not* understand why it should be got rid of in one quarter, and at the same time be consolidated and extended in another. When we

advocate the acceptance of Arts degrees, we confess we run counter to the foregoing suggestion to a certain extent, but we should guard such an arrangement by excluding Universities of a doubtful stamp, and by utilising the open examinations of all Universities, to the extent of sending official auditors to them from time to time. The discovery made at the Irish College of Surgeons of the existence of an organised system of personation at the preliminary examinations, and the *à-priori* right that we have at least to suspect that a similar system flourishes elsewhere, both call for a new strictness in methods of identifying candidates, and should give their quietus to the proposals to hand over these examinations to independent bodies. A day will come when the old relations between medicine and general training will be restored by the re-vivification, of the Medical Faculty alongside the other Faculties in every University, with such safeguards that there can be no question of selling degrees or letting unworthy candidates obtain them.

APPRENTICESHIP.

When a young man has passed his preliminary examination, what should you do with him? Some will say, "send him at once to a Medical School." The voices of a few will vote for articling him to some member of the profession who is known to have the will and the way to teach him properly. The first-named course is the one which has been all but universally adopted for the last fifty years. The last was that which was in as universal vogue for centuries, and which bids fair to become once again fashionable. The youth who makes at once for a Medical School is thrown almost entirely on himself without any kind of break-water whatever between the boy in leading-strings and the unrestrained alumnus of the Medical School. In such a school, education is free with a vengeance; and the sharpness of school competition and the intrinsic nature of medical training render strict discipline impossible. Any attempt to individualise students has, to our knowledge, broken down completely, as the atmosphere is wholly unfavourable to it. The result is particularly unfortunate in a respectable per-centage of cases, while in a still larger proportion of instances it is injurious. Again there is

abundant evidence to prove that even the well-disposed youth, or rather the youth who resists the evil influences which surround him, very often gets so dazed by the utter strangeness of the work to him, and of himself to the work, that he loses himself altogether, gets utterly at sea in his grasping after what to learn and how to learn it, and so entirely loses heart as to lapse into the confirmed idler. This story has been so often told, both by teachers and taught, that we may accept it as a fact admitted by all. What is most curious about it is, that it appears to be unaffected, or rather, if anything, to be increased, by the various medical changes of the last few years. Some of the witnesses before the Medical Commission laid considerable emphasis on this evil consequence of thrusting the young idea all at once into a perfect Babel of lectures, demonstrations, grinds, and cliniques; and many of them are very emphatic on the necessity for reinstituting, in a form suited to modern requirements, the old system of apprenticeship. Strange, however, to say, most of the authorities would displace the order of apprenticeship, and bind him at the end instead of at the beginning of his course. The idea of these authorities is, that a thorough course of theory should precede fact, and that the concrete can not be at all mastered without a previous knowledge of the theory; and also we believe their future idea is that a prior contact with facts produces impressions of self-confidence, and leads to a permanent unscientific attitude of mind, fatal to the formation of those habits of modesty, exactitude, thoroughness, and patient investigation, which go to make up the true scientific man. Is this view, however, correct? We think not, and we have some very high authority in support of our belief. Thus Mr. Buckle says—"That to suppose that we should be acquainted with theory before handling facts, is not only practically dangerous but logically false." Thus an apprentice might very well strap a sprained ankle, without having the least idea of the physiology of absorption, or of the anatomy of the absorbents; and the same apprentice would confessedly do the strapping better than the learned theorist, who, while well up in the anatomy and physiology of the parts, had never had an opportunity, or a sufficient number of opportunities, to make his hand familiar with the strapping. The best science teaching confessedly consists in bringing the

pupil's mind into direct contact with facts, and simultaneously supplying him with, not the theory, so far as it may be known, on which these facts are based, but with just as much of direction and hint as will enable him to investigate the theory for himself. Huxley in his lecture on scientific education, enforces the same lesson.

“The pupil's training,” he says, “should be real, the mind should be brought into direct relation with fact.” “We may in fact,” says another author, “either commence with general propositions, and work downward to the facts they represent, or upward from the facts to the general propositions, and a decided preference is given for commencing with the concrete and practical, when the student belongs to a calling, like that of medicine, which deals mainly with the concrete and practical.” There can be no doubt, that under the old system of apprenticeship men were too often handed over to masters who employed them as mere drudges, discharging duties which were almost menial in their nature, and that the time spent was absurdly long. Masters of this description turned out pupils whose prior contact with facts was of a kind that left them but little inclination or capacity for subsequent theoretic *éclaircissement*, and they were made, and remained, mechanics and drudges to the end of their days. Does it follow that a revival of apprenticeship necessarily implies a revival of this kind of thing? We hold that it does not, and that a student may enjoy all the advantage of a buffer between the discipline of boyhood, and the freedom of adult age, in the person of a master, before being thrust into the perfervid waters of metropolitan life. Here we may let a few authorities speak for themselves as to the necessity for some form of pupilage. Thus Dr. Shepherd, Dean of one of the London Medical Schools, tells us, that on the point of the advantage of such a system, it is so plain that it settles itself, as few, if any, ever go into practice without first holding an assistantship, or house surgeoncy, or some other form of practical training. Mr. Brown, surgeon to leading works, gives it as his emphatic opinion, that in order that men may be better fitted for their duties, some modified form of apprenticeship should be insisted on. Dr. Eddison, of the Leeds School, writes: “I do not think it will be viewed as a hardship, if an assistantship after

qualifying were made compulsory, provided that a year's house-surgeoncy, or house-physiciancy were admitted in place of it." Mr. Marrant Baker thinks the practical knowledge to be acquired by familiarity with disease, on a less formal footing than that on which it is seen in the wards connected with the school, is very important. He is in favour of apprenticeship at the commencement of the curriculum. Dr. George Johnson says: "I have no doubt that the spending a few months as an assistant after the final examinations, would be useful to most men. But I think it would be a hardship in many cases to make it compulsory." Dr. Tirard, King's College, London, writes: "It would certainly be desirable for candidates to spend a certain time as assistants or as residents in town or country hospitals before registration. The present rule, which allows a man of private means to take a practice as soon as he is qualified, is not, in my opinion, calculated to improve the standing of the profession or the welfare of the public."

For the majority who qualify, it is well that circumstances often compel them to commence work as assistants or residents, thus forcing them to be still, to a large extent, under the guidance of seniors.

Dr. Allchin, Dean of Westminster Hospital School, approves the plan of requiring attendance for (say) six months, as assistant to a general practitioner, after the period of hospital study, after the qualifying examination, but before registration. . . . It would effectually meet the present difficulty and objection to unqualified assistants.

"The knowledge men would get by such a plan," he says, "they cannot get in an hospital, and yet it is most essential, for the want of it seriously diminishes the practical capabilities of men when starting in practice for themselves."

Dr. Theodore Acland, M.B., Oxon, writes: "There seems to be no doubt that much valuable experience might be gained by those who are about to enter practice, if they were compelled to hold a resident appointment in some hospital recognised by the examining Boards, or, failing this, to occupy the post of assistant to some registered practitioner, after having obtained a diploma, but before being allowed to place their names on the Register."

Mr. Marcus Beck, in his introductory address at University

College Hospital this year, recommending his pupils to study with a dispensing practitioner as a sequel to hospital work, thinks that "six months of such experience would be quite sufficient."

Dr. Redwood, of Rhymney, County Durham, writes : "It would undoubtedly be a great boon to medical men, and a decided benefit to themselves, if candidates were required, after passing the qualifying examination, and before being registered, to act as assistants for six months at least. They would then not only be better able to prescribe, attend casualties, etc., but would have some practical knowledge of, and be more handy at dispensing, besides being more neat and methodical in their work altogether. I have found some assistants very deficient in these respects."

Dr. Leech, of Owen's College, is of opinion that "education for general practice is not complete unless a man has worked under a general practitioner."

There seems to be no doubt in the minds of teachers, pupils, and practitioners, who communicate their views, that in addition to the systematic school-teaching, a young man should go through a certain probation, involving partial charge of patients, before he enters on independent practice. It would be very desirable to give to all, that which the wisest teachers recommend to their most industrious friends, who, in point of fact, least of all need it. If it is of use to the cultured and intelligent, of how much more use might it be to the average student? Of how much use might it be to those whom JOHN MILTON calls "the stocks and stubs" of the school, who are trembling on the verge of becoming burdensome or profitable to the community, and for whom the scale inclines one way or the other, according to the mode in which they pass the first few months after the final examination? What appears to be desired is something equivalent to the "title for orders" in the English Church, that is to say, service as a curate for a certain time after examination, but before full ordination to professional work, which service is required of every secular priest. The plan is found to operate satisfactorily, and although troublesome to some candidates, has not been complained of as a hardship.

There is really no valid reason against requiring a candidate

for registration to spend at least six months after final examination, but before being registered, as assistant to a registered practitioner recognised by an examining Board, or in some equivalent public post where he would be under supervision.

And the suggestion that this end should be obtained by the licensing body keeping the issue of the diploma in abeyance till the assistanceship shall have been served, is well worthy of consideration.

Finally, Dr. Spanton is very emphatic: "If you want to make qualified men what the term implies, and not merely passed men, you must make them serve a term of pupillage in their early career, by sending them to a provincial hospital or to a general dispensary before going to London."

Mr. Laffan quotes some very strong opinions from Mr. Baxter Langley, and from some provincial surgeons of eminence, as to the unfitness of men who have not had the practical training that apprenticeship affords, to undertake the details of actual practice.

The evidence given by Drs. Paget, Haldane, and Redfern before the Medical Commission, is also very strong, and of still greater weight coming from such eminent authorities. Dr. Paget speaks forcibly of the opportunities which young men would derive from such a system, for becoming better trained in the business of their profession, but unless their means allow them, he would not ask from them more than a moderate amount of apprenticeship. He would have the Medical Council exercise control over the practitioners, who should be alone entitled to take apprentices, and he would accomplish this by means of a register, in which should be inscribed the names of those whom the Medical Council would recognise for the purpose. He would confine the time of apprenticeship to six months, putting it at the end of the period, and he laid considerable stress on the fact that at London and Cambridge there is a compulsory regulation to that effect, which he declared he did not regard with disfavour. There is, however, a qualification in the case of both these universities, which to our mind does away with one of the chief advantages of apprenticeship, for it permits the student the alternative of filling the post of clinical clerk in an hospital, which, we hold, gives no such complete training for medical life as actual apprenticeship.

Dr. Haldane is also in favour of it ; he says that it would be one of the greatest improvements that could be made, and that it would be invaluable to the student, and he is only prevented from making it compulsory by considerations of the poverty of many students. Dr. Redfern was constrained to admit, for he seemed to admit it with reluctance, that he agreed with those who maintained that it was very desirable that students should have, through the system we are now discussing, an opportunity of seeing what medical work really means. Dr. Gamgee opposed apprenticeship on the grounds that the evils of the old apprenticeship system might recur. He did not take the trouble to weigh the suggestions of others, as to the possibility of taking steps which might effectually prevent their recurrence. Dr. Morris was doubtful on the point, but he inclined to the belief that the advantages of the abolition of apprenticeship were greater than the disadvantages, but he declined to say that the abolition was an unmixed benefit ; and he, like Mr. Gamgee, would be clearly in favour of apprenticeship if the disadvantages of the old system could be provided against, and its advantages secured. Such are the views of the leading witnesses ; and it is quite evident from the nature of the questions put, that leading members of the Commission strongly favoured a modified apprenticeship. We prefer that the privilege should precede, and not follow theoretical studies, for three main reasons : 1. The student is made accustomed to authority and provided with the break before referred to. 2. He is taught a great deal which is not only useful in itself, but invaluable for the greater facility it affords him of grasping the knowledge subsequently presented to his mind. 3. Pupilage at the close of his career would be wanting in both those advantages, and the greater capacity for grasping facts, after a preceding course of theory, appears to us to be purely imaginary, so far as the minutiae and routine and small practical details which are acquired during pupilage are concerned. It has been very well pointed out by Mr. Laffan that catheterization, bandaging, compounding, and a number of other practical details, can be as well acquired without any knowledge of theory as if all the theory of these subjects had been previously mastered. The Dublin College of Surgeons clearly took this view of the case before its present admirable

curriculum was altered by Mr. McNamara's resolution increasing the time of compulsory attendance at medical schools, for, under it, one entire year could be spent in the country without loss ; and it even still allows the students full liberty to learn from their masters, instead of from lectures as heretofore, the respectable amount of anatomy, pharmacy, chemistry and botany which are now required for the first medical examination. The outcome has justified the wisdom of the framers of that curriculum, for some of the most successful students at recent examinations were young men who had been exclusively prepared in obscure country parts. The most serious objection to pupilage at the tail end, is the utter want of modesty, and the intolerable self-confidence which characterise nine-tenths of the students now turned out of medical schools, and which practical experience induces us to say, would oppose almost insurmountable barriers to their learning anything from the practitioner, who would be neither a lecturer nor an hospital magnate. Perhaps I exaggerate, however, but certainly a rather large experience has forced such a conviction on my mind. I would say, that the best arrangement of all, would be a limited time divided between the two ends of the student's career. For the reasons stated before, I deem preliminary apprenticeship of vital importance, and I have never known a good student brought up by that method, who was not ready to confess its immense advantages. On the other hand, six months' apprenticeship at the close would confer advantages of its own, and though it would in too many cases be deprived of its full fruit by the self-sufficiency of the student, yet even the most self-conceited could not fail to derive most substantial gain. There are trade secrets, and a thousand trifles which have nothing in the world to say to science, and which are never heard of, and can never be heard of in the lecture theatre, which would be learned during a period of apprenticeship, and which are only learned by those who have not enjoyed such a training, after years of loss and suffering. The effect on the master of contact with a student fresh from the mint, could not fail to be most beneficial. The suggestion thrown out, that registration might be suspended pending the production of a certificate of pupilage, would be an admirable way of enforcing the system. The question of economy cannot be lost sight of, for poor

students should not be taxed beyond their resources ; but if the value of pupilage be admitted, the means might be found by lightening the burden in some other direction.

In conclusion I need only point out the significant bearing which many of the visitors' reports referred to elsewhere, have on this whole question of apprenticeship.

THE ENGLISH POOR-LAW MEDICAL SERVICE.

This of course is on a vaster scale than its Irish congener, and consequently gives employment to a larger staff of physicians and surgeons. Former essays have contained a detailed account of the origin and growth of the entire Poor-law system in England, and we would, notwithstanding this, indulge in a similar retrospect, were we not in doubt as to the strict propriety of such finding a place here at all. Let it suffice that they have in England as in Ireland, and as the outcome of many changes and stages of development, a central administrative body called the Local Government Board. This Board has the control of the Poor-laws, sanitary administration, registration of births, vaccination, and quite a host of allied duties, including many of a purely municipal character. The union is the unit as in Ireland, and this is composed of a number of parishes. Of these unions there are 650 in England and Wales, and all, or nearly all, have a workhouse attached. Unions are sub-divided into districts, of which there is an average of five to each union. It is not easy to ascertain the exact number of medical officers for workhouses and unions put together ; they may be set down at about 4,200 and the total cost of all items of medical relief at £295,000. In England they go in more for out-door than for in-door relief, and were it not for the immensely larger population, the defects of the in-door system would claim less attention than with us. Despite, however, the large number of the voluntary hospitals, and the still continuing liberality of the out-door system, great numbers are to be found in their workhouses and their infirmaries. The condition of those houses was for a long time disgraceful, but thanks to the untiring zeal of numbers of reformers, that state of things has greatly improved, and its remuneration in detail forms no part of the present state of the profession in these

Kingdoms. An Act of Parliament which was passed in 1867, established an order of things in London, under which the sick were provided for in institutions distinct altogether from work-houses, and a complete network of dispensaries was founded. At present both the hospitals created under this Act, and the dispensaries founded by it, are conducted with an efficiency which baffles criticism. The English service labours under many defects. Its officers enjoy no fixity of tenure. They are paid most unequally. They have in a large number of cases still to pay for drugs and appliances out of their own pockets. Mr. Rivington calculates their average salary at £69 a year, and the average number of patients at 149. Each distinct medical officer attends only to the persons on out-door relief, unlike his Irish brother, under the Irish Dispensary System, who is bound to attend to every poor person whether in receipt of relief or not. London is an exception to this rule, for there, as just stated, there is a regular dispensary system established. In addition to the small salaries, special fees are paid for midwifery, for amputations, for fractures, dislocations, and for hernial operations. A curious condition is annexed with regard to the fees for operations, viz.,—that only half the fee is paid if the patient die within thirty-six hours. The surgeon is obliged to have a second opinion in the case of operations. This is very proper, but the same can scarcely be said of the arrangements which provide no fee for the second adviser. There is the same grumbling in England about superannuations as with us. In London the in-door sick want for nothing, but in the country the same standard has not been attained in every instance, and complaints are still heard that many of the buildings are defective, the food bad, the nursing worse, and the medical attendance purely perfunctory. As to the medicines, the first thing to be done is to have the existing minority of unions compelled to supply them themselves. The frequent proposal to extend the Irish dispensary system to England, has been too long delayed, and until it shall be carried out, the English system must be held to be but half complete. Parochial medical officers are sometimes ill-treated in the matter of attendance on servants, for whom shabby masters decline to pay, though they are not, of course, on the paupers' list. Guardians also sometimes with-

hold vaccination fees, where the vaccination has had the duty performed by a *locum tenens*. An increased spirit of litigiousness appears to prevail among the working classes, which causes them to drag, now and again, medical men into court where ill effects ensue after operations, such as vaccination, and indeed upon any kind of treatment. Additional work is occasionally thrown upon parish officers by the laxity with which orders are given by the relieving officers. Matters do not always go on smoothly between the medical and lay officers of workhouses, and in some cases the medical officers have been made to resign, and superannuation has been even refused to them. A retrograde step was threatened by Sir C. Dilke in the shape of an increase, instead of a decrease, in the dependency of medical officers on their Boards, but some prompt criticism caused the President to execute a somersault with such rapidity that his friends now deny the obvious meaning of his words. One of the greatest mischiefs connected with this service is the quantity of work done by unqualified men. Were it not for this system, under which work is done by deputies who are neither able nor licensed to do it, the poor would not be placed in the hands of the incompetent, and Boards of Guardians would not be enabled to obtain officers at prices which are but too often merely nominal. *The British Medical Journal* suggested that unqualified assistants, who have passed an examination, should be allowed to attend trifling ailments, but as we think this would be keeping the door open, we would not let them go outside the pharmacy. One of the medical journals dwells with such satisfaction on the action of the Preston Board of Guardians in paying for a substitute for a sick medical officer, which action it declares will form a precedent, that one is forced to conclude that English Boards of Guardians have yet to learn elementary rules of fair play in dealing with their medical officers. Dr. Rogers was suspended by the Strand Board for giving evidence against officers who were guilty of great irregularities. The profession rallied round him, however, with a vigour which we would fain see imitated in all cases of injustice to medical men. The guardians were compelled to reinstate the ill-treated doctor, and the lesson, we trust, will not be lost. Some proposals made by the *Lancet*, which were put in the form of a memorial from Poor-law medical officers, are referred to in Dr. Laffan's

essay, and are as yet uncarried out. Under them the English Poor-law Service was to be converted into another Army Service. The power of medical officers to order medical comforts was to be made absolute. The Irish dispensary system was to be everywhere introduced, salaries increased, paid nurses provided for the sick in their own homes, and hospitals having no connexion with work-houses were to be provided in every district. There was not one word, we are sorry to say, about introducing the competitive system in this memorial which, when it proposed to make the service like the army one, minus this system, was like the play of Hamlet with the part of Hamlet left out. The medical papers have noted some clashing between lay and medical officers. The fact that they are not a happy family, in the majority of instances, is well known. The whole of the English Poor-law system needs reconstruction; but we shall better discuss this when summing up the entire Poor-law system in the three kingdoms.

SCOTCH POOR-LAW MEDICAL SERVICE.

Here the system of Poor-law medical relief is less complete than in England and Ireland. Temporary sickness is unentitled to parochial relief. Nearly half the unions are without poor-houses of their own, but the sick poor of these are provided for in the other workhouses. The sum expended on medical relief is between thirty-eight and forty thousand pounds yearly, but this economy is more than atoned for by the relatively large sum spent on lunatics, which now nearly closes £200,000 a year. There is no dispensary system in Scotland as in England, the district officers being bound to attend those in receipt of relief only. The districts over which those officers are placed are too large, the salaries of the officers wretched, and such a thing as fixity of tenure unknown. Just as in many places in England, the unfortunate doctors have to provide the drugs out of their own pocket. Attempts were made to improve this state of things more than once in Parliament, but they have hitherto failed. It is needless to add that Scotch Poor-law men are no better off in the matter of superannuation than their English and Irish brethren. On the other hand, the nation at large is

rather worse off in the matter of imperial favours, for a fixed sum of only £10,000 is paid out of the treasury in aid of Scotch Poor-law medical expenses, while in England and Ireland a moiety of these expenses is so borne, as already explained.

ENGLISH SANITARY SERVICE.

This Service is the outcome of a number of Acts of Parliament, the bare enumeration of which would tax the memory without affording the least instruction. The administration of the various Sanitary Acts is intrusted to a vast number of local bodies. These might be roughly divided into municipal and Poor-law. Each Board is provided with inspectors of nuisances, and officers of health. All these various Acts have been consolidated by the Act of '75, which produced something like order out of the chaos of conflicting authorities, overlapping districts, etc. The Act in question brought the horse to the water, but it did not compel him to drink; it gave power to local authorities, but it did not provide for the exercise of the despotic thrall on the part of the Local Government Board, without which, selfishness and ignorance could not be overborne. The medical staff were appointed only for a fixed period, except they were paid in part by the Local Government Board. This, by making the officers dependent, was a great obstacle to improvement. They were appointed, in most instances, over small areas and at absurd salaries; true, the Local Government Board might, if it liked, unite a number of districts, fix the salaries of the officers, and even confer on them a secure tenure. As a rule, nothing like compulsion was used. In the majority of cases the under-paid official was too dependent in a small district, and as he had too much to do otherwise, he had neither time nor independence, and, let us honestly add, in many instances, inclination to do anything. Great confusion prevailed in consequence of the fact that there was no uniform division of sanitary areas. In some instances these areas comprised the district under the control of single authorities, while in many other instances, quite a number of authorities combined to form united areas for sanitary purposes. The entire local administration required simplification, unification, and re-construction.

The absurd number of authorities, with their conflict of powers, areas, etc., demanded, and still demands, a complete alteration. The different Boards are compelled to appoint a health officer, but no qualification is prescribed, and consequently in the majority of cases the parties appointed have had no special training for the work.

In a large number of cases Poor-law medical officers were appointed; miserable pittances were for the most part given them; and as they had neither training, independence, nor adequate pay, the work was proportionally ill done. In other cases non-Poor-law men, but of an analogous standing, were appointed, and the work was equally scamped by them. It has been estimated that nearly half the unions appointed health officers over a number of combined districts, while the balance had its health officer for a separate district. The lay officer, or inspector of nuisances, occupied no certain position. In the majority of cases these officers took their orders from the doctor, sometimes they had nothing to say to him, while in a few instances they were, oddly enough, placed over him. The officer placed over large areas sometimes found himself unable to keep *en rapport* with the sanitary arrangements of his district, and the different local men contributed, in no small degree by their passive hostility, towards this obscurisation. The same policy was adopted towards the non-Poor-law men who were appointed to separate areas, but in those instances they were obviously less successful. A furious contest was long waged between Mr. Simon and the Local Government Board, the chief point in dispute being that each of the two chief magnates wanted his own way. The ostensible *casus belli* was the appointment of lay men to initiate the working of the new Public Health legislation. Naturally we coincide with Mr. Simon; still we cannot help thinking that even-handed justice would have been met, and full efficiency secured, by an equal division of pace between the two arms of the service. The present system will require not only reform of the governing bodies as already dwelt on, but also a total change in the staffs. We totally dissent from those who would appoint Poor-law medical officers to these posts, and we entirely endorse the views of Dr. Laffan on this subject. That gentleman advocates the appointment of men over areas of

reasonable size, who shall be specially trained, shall be shut out from practice, and shall have fixity of tenure. He would appoint these men by competition, and give them a few hospital beds, in order to prevent their getting rusty in their knowledge of curative medicine. We must say that we entirely agree with his views. Into his onslaught on the inefficiency of the Irish dispensary men as sanitary officers we need not enter. The revelations of the Commission presided over by Lord Bessborough and the astounding disclosures involved in the various reports by dispensary men themselves, in the working of the Labourers' Act of last session, proved but too clearly how just have been his charges. We should not omit to mention that the powers of compulsory removal of fever patients, the school clause prohibiting children from an infected house attending schools, and the increased facilities given to complainants to institute direct proceedings, without any preliminary application to Sanitary Boards, together with the conferring the right of appeal from Petty to Quarter Session Courts, have all indicated a considerable advance in sanitary practice. The compulsory notification of infectious diseases still awaits establishment, and the best means of accomplishing this has long been a *vexatilia questio* with the profession. Nothing would be gained by entering again here at full into a history of the learned wrangles on this point, more especially as the balance of opinion is now decidedly in favour of throwing the onus of reporting the case on the householder, instead of on the doctor. The latter should, however, be bound to give early intimation in the event of the failure of the householder to do so. The abolition of the compulsory clauses of the Contagious Diseases Act, referred to elsewhere, the spread of syphilitic disease by Sheffield midwives, the munificent grant of a London Guild in favour of sanitary research, and the frequent prosecutions of vaccinators, with the view chiefly to prove a connection between vaccination and occasional infection, together with Dr. Cory's self-inoculation, are items of note. The Acts of Parliament dealing with the housing and lodging of the working classes have been considerably extended in their scope; but it is one thing to pass Acts and another thing to enforce them, and the exposure at the end 1883 of the horrible housing

of the very poor in London and elsewhere, showed but too plainly what a complete dead-letter they are. Mr. Dodson's attempt in 1881 to provide an easy escape for anti-vaccinators was a remarkable instance of folly, and the potent influence exercised by the profession in inducing him to reconsider his views and withdraw a bill, which, by abolishing the recurrent penalties now imposed on those who refuse to allow their children to be vaccinated, would have practically repealed those laws. Amongst the sanitary improvements, to which least exception can be taken, is the power, now obtained by some sanitary authorities, to close up public schools altogether during local outbreaks of contagious disease. The question as to the best mode of notifying contagious diseases is getting settled, year after year, by the acquisition of powers for their notification by various corporations.

IRISH POOR-LAW MEDICAL SERVICE.

This service consists of two departments, viz., the Workhouse and Dispensary. The latter was originally founded in 1805, when power was given to Grand Juries to contribute a sum equal to that which might be subscribed by the organisers of each dispensary. This system was very imperfect, and was replaced by the complete one which the Medical Charities Act established. There are 721 dispensary districts, having 1,093 dispensary stations; with 808 medical officers, 40 apothecaries, and 268 midwives. The workhouse medical officers and apothecaries amount to 202, and the united cost of both, including registration, etc., to a trifle over a quarter of a million annually. The total expenses under the Medical Charities and Vaccination Acts were, in 1884, £158,363, and the expenses for registration during the same year were £10,954, while the Sanitary Acts caused in the same period an expenditure of £58,844. The following are the leading items of dispensary expenditure:—Medicines and medical appliances cost £29,091; the rent of dispensary buildings cost £8,385; salaries of the medical officers reach the total of £88,819, and those of apothecaries £2,711. In addition to this, the medical officers received £12,087 for vaccination fees. The work done for this

was as follows:—569,991 dispensary tickets were issued besides 18,562 tickets for attendance at patients' home; 1,200 dangerous lunatics were certified, and 117,484 children were annually vaccinated for the average of three years 1881-3. Out of the large number of visiting tickets, 339 were cancelled. Each union is divided into a certain number of districts, which are very irregularly cut out as regards area and population. Each is governed by a committee. Each committee consists of the elected and *ex-officio* guardians of the district, and of a certain number of the ratepayers nominated in each month of March by the guardians. These committees discharge their duties in a most perfunctory manner, and may be said to die somewhat after the fashion of the lower forms of life, after each succeeding birth of a doctor. The average salary and emoluments of each doctor are set down by Dr. Laffan at £118 per year. The vaccination fees, however, which used to be only 1s. per case, are now 2s. per case, so that the condition of the officers is somewhat improved in that respect. Each holder of an appointment must have diplomas in surgery, midwifery, and medicine. Of late years an apothecary's diploma has been accepted in lieu of one in medicine. Formerly it was necessary for every candidate, however he might be provided with diplomas, to have reached the age of 23 before being eligible, but the Local Government Board have now abrogated this rule at the violation of which, in practice, they formerly connived. Each officer elected must be sanctioned by the Local Government Board, but it would appear from a reply of Mr. Trevelyan's in the House of Commons, that the Local Government Board have no power to fix a limit of time within which an election must be held; and committees have in consequence felt themselves at liberty to go on electing again and again an unqualified candidate, till they finally coerced the head Board to sanction him after he had become qualified. We doubt very much that this is the law, but so the Local Government Board have laid it down, and queer law it is. Once elected the officer cannot be removed save for sufficient cause. The nature of his duties is so onerous, for he is obliged to attend whenever sent for, and to visit as often as may be held necessary, that it is a comparatively easy matter to give annoyance to the assailed officer, and even to jeopardise the fixity of his tenure.

Too much purely office work is at present thrown on dispensary men, and this interferes seriously with the discharge of their purely medical functions. Dr. Laffan comments very strongly on the inconvenience sustained by the doctors, and the still greater loss suffered by the poor patients, from the want of dispensary residences in the different districts. He observes that at present many of them live out of their districts altogether, while a still larger portion of them live in houses that are as inconveniently placed as well may be. Dr. Laffan further points out, and in this most people will agree with him, that official residences, centrally situated, should be provided for every district, and this done, the medical man should be made to reside in his district. The writer does not now think that this would meet the entire case, for he thinks that the districts themselves badly require to be re-cast, and if this should require a re-casting of union and electoral division-boundaries, then the sooner such a process is gone through, the better for the unfortunate patients. So much has been said about the services rendered by the dispensary medical officers, that it would be merely repeating an oft-told tale to mention them here. Dr. Laffan estimates that each pays an average of about 1,000 visits in the year, and that for these he receives about 6d. for each town case. The hard treatment which he receives in connection with the superannuation is about to be redressed ; his pay for vaccination has been doubled ; and exclusive fields of emolument are opened up to him whenever occasion presents itself. The greatest grievance of dispensary men has been, and is, the abuse of red tickets. By this is meant their being obliged every other day to attend parties well able to pay for medical advice. To some extent this is a necessity, for it is impossible to shut out all such cases without incurring certain risk of doing injustice to some deserving poor. Various suggestions have been thrown out, and one made by Dr. Ashe has been so favourably noticed as to be reproduced by Dr. Laffan in his Essay in '79. According to this a list was to be made out annually of the parties entitled to attendance, and the dispensary doctor should be obliged to attend no other residents. Exceptions should be made in favour of strangers who might be passing through, or who might have settled in the district since the 1st of January, the date on which the lists were to be made out. It is

much to be doubted how far this would answer, or how far its introduction would be at all tolerated. It would inflict more pain on numbers of struggling people, but it would bring fees to the doctor's pocket. Dr. Delahoyde, of Dublin, took an action in the year '79 against a Dublin watchmaker whom he had attended on a red ticket, for remuneration for professional services, on the grounds that he was able to pay ; and the Court gave him a verdict for the full amount claimed. This judgment has not been challenged, and with it Irish dispensary doctors ought to be content. The public at large would not, in these democratic days, tolerate for a moment the imposition of such restrictions on the obtaining of medical attendance as might make it inaccessible, or even difficult of access to possibly deserving objects. Advocates of dispensary men are always harping on the inadequacy of their salaries. The writer would be glad to increase every doctor's salary, his own included, but at present he does not see his way. In rich England he grants the practicability, or rather the justice, of such an increase, but in poor Ireland, he denies both. Doctors must learn to discharge their duties as citizens like the orange or green baker and butcher, and thus lend their hand to re-constructing Ireland's prosperity, before they can put in any claim to be exceptionally better off than their neighbours. The writer therefore hardly thinks the arguments of Dr. Ashe in favour of a mileage allowance, worthy of elaborate notice. That gentleman, it may not be altogether unnecessary to observe, would increase dispensary doctors' salaries by granting them a mileage allowance as an addition to their salaries. Dr. Laffan would fain improve on this by the absurd proposal of a lump addition, as a mileage allowance to their salaries. Now once for all, let there be no mistake about it, payment for services rendered must be relative, not absolute—that is, the payment of any one class, must bear a definite relation to the incomes of all the others around it ; and measured by that standard, the narrow incomes of Irish dispensary doctors are as high as the poverty of their country will allow them to be. Another demand is put forward in Dr. Laffan's book which is far more reasonable, and rests on juster foundations than that last discussed. This is, for pensions for the widows and orphans of those who have been struck down by disease contracted in the

discharge of their duty. This is a just claim, for it has reason and precedent on its side. The most important proposal with reference to poor-law medical officers, contained in the successful Essays for '79, is that promulgated by Dr. Laffan in his advocacy of the introduction of the competitive system in the appointment of Poor-law medical officers. Now there is no one who knows anything of Ireland, who will dare to deny that so foul is the corruption of the members of dispensary committees, that anything like conscience is a quality unknown to them where the selection of a medical man is concerned. Orange and Green, landlord and farmer, Tory and Radical, patriot and avowed self-seeker, learned and ignorant, great and small, all equally and all alike, are ever ready to drown the "still small voice" which whispers within, when it comes to the question of selecting the doctor for the poor. Is he a Papist or a Mason, or an Orangeman? That is the first question which is put, and according to the answer will be the decision arrived at. Is he a relation of mine? Can I gain anything by voting for him? Shall I gratify any old spleen by voting against him? These are the further questions put to itself by conscienceless baseness; and on the response to these the decision depends. What wonder is it then, that every other day decency and shame are outraged, and that selections are made, for which, if full justice were meted out, the selectors should be sent to the treadmill?

If we could imagine that there was any probability of supplying those people with consciences, the present system might be left as it is; but inasmuch as we know of no instrument ready to hand, or likely to be born of the future, capable of imparting this description of education, we hold with Dr. Laffan that the sooner religious fanaticism, nepotism, local proclivities, and their congeners are shorn of their powers for mischief, the better. The writer of this has personal knowledge of instances where men who either from drunkenness or positive physical and mental incapacity, were wholly unable to discharge their duties, have been kept for years in charge of dispensaries, simply because they had a "party" or because some youth was forthcoming who was not yet of age, and on whose behalf the poor were thus left to be slaughtered, under form of law. The

very men who prate about law and order from the bench over the venial faults of some peccant vagrant and who would demand the issue of a public commission to hasten the trial of a solitary murder case, lent their aid in the cases I have mentioned ; and lend it constantly in other cases, to secure medical offenders who, if medicine be not a farce, and a public medical staff a public fraud, are responsible for murdering by the wholesale. The State pays one-half the salaries for attendance on the poor ; and every poor man who smokes a pipe of tobacco, or drinks a glass of beer, contributes his quota to that half, he has therefore a right to be protected from the unscrupulousness of those above him, and neither his own life nor those of his wife and little ones should be made the sport either of faction or of family interests. One case turned up during the year '83 which was the subject of frequent questioning in the House of Commons ; where it appeared that not only was a drunken incapable maintained for years in the charge of an important district, but when he at length died, the place was kept open for another year with the connivance of the Local Government Board, in order that a local seedling might attain development enough for the post. The Local Government Board affected to be powerless to compel a prompt election, but when challenged to provide themselves with competent legal opinion, they failed to do so, and thus played, as they plainly designed to play, into the hands of conspiracy and lawlessness. Up to this there is no proof forthcoming that that Board have asked Parliament for such an alteration in the alleged law as would prevent such a disgraceful occurrence again. The real fact is that there exists no necessity whatever for any amendment of the law, as the discretionary power of the Local Government Board, and in their last resort, their plenary powers to dissolve Boards of Guardians, vested them with authority enough. The one remedy for all this state of things is the competitive system. Poor-law medical officers should be appointed by a competitive examination which should be held half yearly, and for which the present staff of army examiners might be utilised without extra cost to the State. The average number of vacancies could be ascertained as a matter of course, and examinations for these might be held twice a year, as at present for the army. It would be necessary,

however, that a small percentage of candidates in excess of contingent vacancies, should be placed on the successful list, so as to secure a sufficient number of supernumeraries to prevent any place being short of a medical officer pending the next examination. The change could be brought about very simply. A one-clause bill could be introduced which, after a preamble explanatory of the right of the poor and the interest of the State being alike concerned in having the best medical advice for the poor of each dispensary district, would enact that on and after the first day of the January next ensuing, all existing Boards and Committees should be deprived of their elective powers, and all future vacancies should be filled up from a certified list, in the order of merit of the names thereon, which should be duly forwarded to the Irish Local Government Board by the Netley examiners, as soon as might be convenient after the date of each examination. Competitive examinations may not, as Dr. Laffan very properly remarks, be perfect ; there are qualities of mind which perhaps can neither be weighed nor measured, but on the whole such a system would be infinitely superior to the present one, and while it would keep out the influential incapable, it would also save the capable man from the shocking degradation of the present system of canvass, and it would, above all, protect the interests of the public and of the poor. It would even do something besides, though most outsiders would be indifferent on this point, on the principle of "serve the offenders right." It would protect the present unscrupulous committee-men from the consequences of their own folly in having to entrust their own lives, and those of their nearest and dearest, as is often the case in remote districts, to the tender mercies of their incapable protégés.

In connection with the retention in office of Poor-law medical officers who are wholly unfit for the discharge of their duties, we naturally come to the question of inspection. There is at present no adequate inspection of dispensary men. The Local Government Board have indeed a staff of inspectors, but then most of those are laymen, and even the few medical men are, with an exception or two, selected with the most contemptuous disregard for professional status. What in the world can a retired captain of dragoons know about the proper attention which a doctor ought

to pay to a patient? What can the Vice-President's nephew know of the improper treatment bestowed on a lying-in woman, or on the victim of a bad fever? The truth is, there is practically no inspection at present of dispensary doctors. They can do, and they actually do, what they please. Enough that they see the patient before he dies, and commit no outrageous blunder, gross enough to challenge the attention of childhood. It is indispensable that there should be a great change here. Under a competitive system, we could have inspectors-general of hospitals and dispensaries who would not be selected for their want of all fitness for the post, but because of their possession of such fitness. A reconstruction of the inspectorial system is, after the abolition of the elective one, *the* question of the hour. The Local Government Board have recently re-introduced the old system of medical inspectors, but the number is ridiculously under the mark, and their choice was unfortunate. Dispensary men have recently scored a rebuff in the matter of constabulary appointments. For some 14 years they were appointed *ex-officio* to all constabulary positions in their respective districts. This gave them the attendance on a force of over 12,000 men, with their wives and families. In '83 the present Inspector-General altered that regulation, and now these officials no longer possess the monopoly of such places. Dispensary men cannot be removed from their offices without sufficient cause, and in the enjoyment of this protection they enjoy a unique advantage, for no other holders of Poor-law offices in the three kingdoms are similarly protected.^a Dr. Laffan touches upon the question of drugs, and re-echoes the prevailing opinion as to the inferior quality of those supplied to the Irish Poor-law service, but he declines to offer a recommendation, and here we would supply an omission of his by warmly advocating the introduction of a system of supply from a common central stock, such as was mooted by the Local Government Board some years ago, only to be as quickly abandoned. Dr. Laffan declares that the duties of compounders are very imperfectly discharged by the holders of dispensary appointments, and of this there is no doubt, and with his suggestions, rather, however, implied than made, that an apothecary or chemist should be appointed to each Irish dispensary, we entirely coincide. Irish workhouses present an important field for

medical work. They now admit the sick of all classes, for since the 25th and 26th Vic. they have had superadded to their previous position that of general hospitals. 100,000 patients are oftentimes treated in them in a single year. The system of selection is just as vicious in their case as in that of dispensaries, and the need for reform in it, of course, just as great. Their officers do not enjoy the same security of tenure as the dispensary staff. They can be dismissed at the mere pleasure of the Local Government Board. The case of Dr. Kenny is a well-known example. There a doctor was imprisoned for political offences, and the Local Government Board proceeded immediately to dismiss him, on the ground that as he was bound to, but could not, attend his workhouse daily, he was therefore unfit or incompetent, in their judgment, to be intrusted with the duties of a workhouse physician, and should therefore be made to resign. This dictum was disputed and the matter was brought into Court. It was, however, never tried, as the Local Government Board gave way, not, we are satisfied, from any legal flaw that could be picked in their proceedings, but solely on account of public pressure. Another remarkable case which turned up was that of Dr. O'Reilly, of Lismore. Here a medical officer was suspended by his Board for no adequate reason assigned, and the Local Government Board allowed the act and failed to remove the suspension. The matter was taken up warmly by the Association, which took counsel's opinion on it. At about this time the Board issued a general order, viz., on the 18th December, 1882, under which Boards of Guardians were entrusted with the power to suspend, and then to dismiss, medical officers. They were empowered to dismiss them, where, after having first suspended them, the Local Government Board declined to remove the suspension. Mr. Purcell, the eminent Queen's Council, was consulted, and gave it as his clear opinion, that the Central Board had no power to invest Boards of Guardians with any authority either to dismiss or suspend medical officers. He went farther, and declared that they had not even the power themselves to suspend such officers, though they incontestably might dismiss them. The opinion was promptly brought under the notice of the Central Board. There exists no reason in the world why workhouse doctors should not enjoy the same

security of tenure as dispensary men, and the attainment of such a desirable object is one of the most anxious wishes in the breast of an Irish workhouse doctor. Dr. Laffan, who is himself a workhouse doctor, dwells with some earnestness on an abuse complained of by workhouse men, which is analogous to the unnecessary red-ticket one of the dispensary doctors. This grievance is the loose rule regulating attendances of the doctors out of the ordinary daily visit. It is in the power of two or three lay officials to send for the medical officer whenever a person is taken ill, but no provision is made that the illness shall be a *bonâ fide* illness, such as, if he were a duke, would suggest to him the idea of calling in a doctor. Moreover, under another rule, every pauper on admission must be examined by the doctor, and this rule is so vague that if at all enforced, as might be done at any moment, by an inimical official, would require the doctor to do nothing less than take up his residence in the porter's lodge for the whole run of the twenty-four hours. It has been suggested that the first rule referred to should be so altered as to require the case, to at least, seem to be sufficiently ill to require the doctor out of the ordinary course. The second grievance might be met by defining in some measure the circumstances under which admissions should alone be examined. Thus, if there was any doubt as to classification, or if the party were sufficiently sick to require immediate treatment, there can be no doubt that he should be examined out of the ordinary visiting hours. It should be distinctly defined that in no other case should a medical officer be required to examine admissions. Another grievance is touched upon, and that is the way in which workhouse doctors are hampered in the matter of *post mortems*. We are not surprised that Dr. Laffan is rather eloquent on this head, seeing that he himself was threatened with dismissal some years ago, for getting a patient to bequeath him his body for the purpose of a *post mortem*. The law as it stands is very defective in this respect, for it gives no discretion whatever to the solitary official, namely, the doctor, who alone would know when to use it for the public advantage. The Local Government Board have laid down that where there are no relations, the workhouse master is the person from whom the consent must be claimed. To us this appears to be clearly wrong, for that official is plainly

intrusted with the possession of friendless remains for the purposes of interment only, and on that account he is specially excluded by the Act from having anything to say to according permission for such examinations. Boards of Guardians would seem to be the parties from whom the consent should come, and that would of course mean no change for the better, so far as science is concerned. Where there are relations the same Board has laid it down that the authority must come from them, but here they are still more clearly wrong, for the wording of the Act gives the power to such friends to prevent a *post mortem*, but there is not one word about their having the power to consent to such. Complete reforms are called for in the Irish workhouse system of which these hospitals form a part.

Note to Irish Poor-Law Medical Service—We put the following in a note, instead of in the body of the text, as we have some doubts about the relevancy of the entire of it. Mr. Rivington's example, however, determined us :—

The workhouses are the axial centre of the present system and the charges made against them are, in my humble experience, too correct. These are, first, their costliness; secondly, the vices they engender; and, thirdly, the unworthy spirit of idleness they foster, particularly among the young; and, fourthly, the outrage which the workhouse test inflicts on the really destitute—the majority of whom are so debarred by it as to go unrelieved. Finally, I would mention the mischief which it causes by breaking up the humble home and engulfing the humble family in the pit of an inextricable poverty. In no other country in the world does this indoor system hold the place that it does with us. In some foreign countries what corresponds to them are used as mere houses of detention for vagabonds and tramps, and in the two or three places where they do exist in a form that presents any kind of semblance to ours they are viewed as clumsy protectors of the taxpayers' interests, to which they sacrifice these the most vital ones of the poor. Thus in Elberfeld, while some parties consider the absence of the workhouse test a serious defect, they all the while view it only as an occasional instrument for testing real destitution where their favourite inquiry system might leave them in doubt about the *bonâ fides* of a particular case. Yet even here they admit its one-sidedness, since it sacrifices to the interests of society in general the most essential welfare of the unfortunate beings who have lost the power temporarily or permanently of taking care of themselves. In Elberfeld they hold that the workhouse system can only be of

importance where the parish officials have not yet got beyond the antiquated form of almsgiving, and have not advanced to the higher level of the system based on the rigid personal inquiry. Now, to come back to the expenses of our Irish workhouses. The cost of these institutions is simply enormous, and the amount is swelled not a little by abuses to which the laxity of the guardians' administration contributes in no small degree. In most of these unions, working visiting committees are unknown, and the whole administration is in the hands of officials. Unhappily, the actual money expenditure is the smallest part of the cost. The demoralization of young and old, but particularly of the former, in whose breasts the germ of industry is extinguished at the earliest period of its existence, inflicts a loss on the country at large to which the mere money loss is but a bagatelle. Again and again have I seen in those houses the finest young men and women rusting in this fell idleness which workhouses engender, and which seems to dry up the very marrow of their bones and make them permanent burdens on the industrious and well conducted classes. The able-bodied, too, appear to me never to regain their industrial buoyancy when they once pass under the yoke of pauperism. The infirm class, with work still left in them, once within the workhouse walls, become permanent and contented paupers. The youth reared in workhouses, even when they make the effort to get a start in life, are often so indisposed to hard labour, and so little amenable to discipline, that they fly back in but too many instances again and again to their foster-mother, from whose arms they seem to desire never to be separated. I have very strong views about the rearing of infants in those places, because I know that despite of pretended care, there is no class of inmates so little attended to. The infirm and aged classes in those houses are the victims of cruel wrong in being torn from family life. Grievous injustice is done to the sick by their being obliged to seek hospital treatment, under the shadow of the workhouse, in wards which are simply an integral part of the domain of pauperism. Lives are lost every day because of the honest pride which refuses to accept cure at the expense of social degradation. A short time ago that philanthropic lady, Mrs. O'Connell, of Longfield, told me of a case where a family had, through this cause, lost their head, and been sunk into the lowest depths of misery and destitution. I may be told that county infirmaries provide receptacles free from the taint of pauperism; but no hospital can provide for the decent sick of a circuit of more than seven or eight miles around it, as grave cases cannot be moved indefinite distances; moreover, county hospitals could not accommodate more sick than they do at present. At this moment about 50,000 sick make their first acquaintance with

pauperism by an introduction through these hospitals, and a large percentage of these hospital patients glide readily from the sick wards into the lowest depths of pauperism. Thus is the hospital a recruiting ground for the pauper departments. On the other hand, as stated before, the 50,000 represent but a part of those who require hospital treatment; and we thus come to have a double injury inflicted by the instrumentality of the workhouse hospital. On the one hand, a barrier is raised against the proper treatment of the sick; and, on the other, a wide gate is open for the manufacture of paupers. As to the vices other than those of idleness, it is the universal conviction that Irish purity suffered a very serious declension from the deteriorating influence of workhouses, and my experience induces me to be one of those who fully share that opinion. The lax tone which the presence of abandoned women, or of women of the class of unmarried mothers, creates and spreads to all around is amazing; and its effects are extremely deleterious to the morals of the youth brought into contact with it. A great mischief inflicted by workhouses is the permanent pauperism in which they involve the great majority of heads of families who once break up their homes to qualify for shelter in them. There is also the patent fact that numbers whose necessities require that they should be relieved are wholly shut out from that relief by the hard condition annexed to it. If destitution is to be relieved—whether as a matter of policy, or of charity, or of right, or of all three—it is a cruel wrong to scotch the mere surface of destitution, or rather pick up an odd atom here and there, and, having provided for the few, leave the great majority of the needy to starve. It is my humble opinion, then, that the present system ought to be at least considerably modified, and that the change should be in the direction of home relief. I am not for a moment insensible to the frailness of the barriers which an outdoor system raises between those deserving and undeserving of relief. Abuses are inseparable from any human system; but it is a great fallacy to consider that they cannot be kept within the limits which, on the whole, will leave the balance of gain on the side of the home system. No consideration at all appears to be given in the general calculation of the greater justice done to the deserving poor themselves under the last-mentioned system. When I propose, then, the out system, I would fence it in with a large number of guards which modern democracy, however, might not accept with a perfect good grace, but which I hold to be essential if industry would escape being swamped. First, I would have the most searching inquiries made into the circumstances of each applicant. The admirable Continental system of obliging each master and each labourer to keep registers of their days of employ-

ment, as well as the visitation of Sisters of Charity and police supervision, would greatly help these inquiries. I admit that the difficulty of getting this well done would constitute the crux of the whole case. I purposely avoid fixing the precise machinery, because such would be best evolved out of a general mass of criticism rather than the result of individual suggestion at this stage. Secondly, I would make certain near relatives responsible for the recoup of the relief granted. Thirdly, I would hold the subsequently acquired goods and the subsequent labour of the recipient also responsible. Fourthly, I would oblige all unmarried working people to pay a compulsory rate for the purpose of ensuring a provision against destitution. Fifthly, I would oblige all masters to pay into an insurance fund a percentage of their employees' wages. Sixthly, I would give the relief authorities powers of mastership over those relieved and their families. Seventhly, I would punish as criminals all who would plainly and directly cause their own pauperism, and I would give powers to sequester the means of such persons before they would finally involve their families in destruction. Relief might take various forms—thus, for example, houses might be built or repaired, as is done in some foreign countries; free potato ground might be given, as is also done abroad; the Norwegian *laeged* system might be applicable in some places in dealing with elderly people. Money relief should be discouraged, and relief in kind and orders for work given instead. I have long been of opinion that the breaking and spreading of metal for the repairs of the roads in each county would, if judiciously managed, supply work orders for the able-bodied destitute, and that thus these classes need never require in ordinary times any relief pure and simple. Three forms of destitution require to be provided for—(1) extraordinary, such as we are often visited with in this country; (2) everyday distress; (3) the threatened breakdown of the decent struggler. The ordinary machinery should not be taxed with the relief of extensive distress, but some central body should have on hand some railway or irrigation scheme or other reproductive works which would enable it to give work orders on a scale suited to the extent of the distress. The ordinary poverty should be largely dealt with by outdoor relief, as before stated; and the helping hand of voluntary organizations should, as far as possible, be encouraged by the State and co-ordinated with the official charity. Vagrants should be sent to *depôts de mendicité* and kept to hard labour. Orphans should be lodged, wherever this course is practicable, in the houses of the working classes, instead of in stately mansions, whether workhouses or orphanages. The aged and infirm would have their choice to spin out their days in their own humble

homes; but in the small number of cases where they would require nursing it is possible that they might have to be sent to hospital. A Medical Board, consisting of the hospital physicians of the locality and of two adjoining districts, together with perhaps the medical inspector, should pass all infirm cases. By such an arrangement, as accurate a line of demarcation as would be practicable might be drawn between the able-bodied and the non-able-bodied. The former would get work orders alone, while the latter would be given relief. In Russia the able-bodied idler can be compulsorily apprenticed, and the practice might well be adopted in this country. Under the mastership before referred to, a similar system could be carried out. Among the reliefs in kind which are eminently worthy of imitation the Italian one of giving small portions to poor girls would be well worthy of being carried out by the co-ordinated voluntary charitable organizations. I do not discuss in this paper the question of the right of the poor to relief, because it seems that even in countries where no such right is plainly admitted, yet the fact of relief being given causes it to be tacitly assumed as a right, notwithstanding all verbal silence to the contrary. There is nothing in our Irish Poor-laws which confers on the able-bodied the right to relief; and yet does not the practice of relief beget in every mind the conviction of the existence of such a right? Great stress is laid by some French writers on the non-recognition in that country of the right to relief, while in the very same breath they talk of the duty of the public of the State to relieve distress. It seems to me if it be the duty of one man to perform a certain function towards another, the right of the other to have that function performed or service rendered is as clear as anything can be. Mr. Edwards in the *Nineteenth Century* alleges that a better feeling exists in France between the relievers and the relieved than in other countries, and all this due to the absence of all declared right to relief on the part of the poor. For the reason before stated—namely, that whether the right is acknowledged or not, the mere fact of relief being given very soon creates a belief in its existence—I differ from the writer in question, and think the more natural explanation is to found in the fact that, as many are allowed to go unrelieved, those that do get relieved feel that thankfulness which temporarily at least is inspired by exceptional treatment. This question of right, however, is a mere abstract one of no practical value in this nineteenth century; for were we to repudiate it by set words in an Act of Parliament we could not eradicate the idea from the breasts of the destitute.

To sum up, then, I would abolish the present workhouse system, and give a trial for a term of years to a home system of

relief, subject to the conditions that I have enumerated. A resident physician, with a porter and three sisters, would be able to take the place of the expensive staff who now eat up the rates. Larger numbers of the really deserving would be relieved, and that without costing more than at present. Poverty would be saved the cruel ordeal of passing through the workhouse portals. The sick would be properly provided for; the infants, nursed out, or in separate hospitals, would not die in such numbers; the aged would not be torn from the partners and the associations of their lives, and the youth would be scattered out among their own class and bred in those cabins which are better suited than palatial orphanages to confer the proper training on those who are afterwards to live in cabins themselves. By this plan the young would be brought up in habits of industry instead of being trained in life-consuming idleness. The able-bodied would receive work, not relief, and would be provided for without exposing the whole system to the danger of imposition at the hands of the most troublesome element that has to be guarded against under all systems of poor relief. Lastly, extraordinary poverty would be met, not perhaps very economically, but still in a Christian way, such as should prevail among a humane and enlightened people.

MEDICAL SOCIETIES.

These are an integral part of the profession. London is the richest in them. They embrace every sphere of labour, and leave no department of science or walk of benevolence untrodden. Among the chief may be mentioned the Clinical Society, of European fame, the celebrated Medical Society of London, the Obstetrical and Ophthalmological Societies, the Royal Medical Chirurgical, the Pathological Society, the Pharmaceutical, the Medical Alliance and Medical Defence Associations, the Association of General Practitioners, and quite a number of others.

MEDICAL ALLIANCE ASSOCIATION.

This is a protective Association. It devotes itself chiefly to preserving the medical domain from the encroachment of unauthorised intruders. It has always taken a deep interest in the extension of the penal clauses. Its impersonation is Mr. Hardy. The splendid evidence given by this gentleman before

the Select Committee on the whole subject of unqualified practice, the extension of the penal clauses, and Medical Reform, is destined to become historic, and contributes a very substantial contribution from this Association to the best interests of the profession. The Association more than once promoted Parliamentary Bills in which the protection clauses formed a leading element, but these shared the fate of the other troops of bills on the subject. Many prosecutions were instituted by this body from time to time, the results of which were not entirely barren of fruit to the profession. Under the new Medical Act it will, we trust, be within the power of the direct representatives to raise their voices in the Council in favour of such an extension of these clauses as will increase the sphere of usefulness of such bodies as this.

MEDICAL DEFENCE ASSOCIATION.

This has been formed for the purpose of suppressing the practice of medicine and surgery by persons not legally qualified. For suppressing the publication of indecent so-called medical works and advertisements relating thereto, and for procuring the amendment of the laws relating to the sale of quack medicines. For considering the subject of Out-Patient Hospital Reform, Provident Dispensaries and Clubs, and the abuse of Medical Charities generally. For considering any matters of a medico-ethical character. For procuring the amendment of the Medical and other Acts of a kindred nature, including that relating to the registration of deaths. And, finally for adopting such means as shall give to medicine a larger basis of representation in the House of Commons.

METROPOLITAN BENEVOLENT SOCIETIES.

The first of these in point of importance is the Society for Administering the British Medical Benevolent Fund. Its two chief objects are to afford immediate help to necessitous members of the profession, and to provide with pensions the aged and disabled. In some years £2,000 and upwards have been given away. In addition to the £2,000 and upwards thus

given, over £1,000 have been given in a single year, in the shape of annuities. The widow and orphan have been helped through their hour of trial, and the submerged victim of temporary difficulties floated to the surface again. The feelings of the unfortunate are respected. Nothing is made public, and every possible cause of expenditure is avoided.

THE ROYAL COLLEGE AT EPSOM.

This provides a free education for 50 boys, and an education under the ordinary cost, for 162 others. There are 24 places for resident pensioners, each of whom has a small annuity with rooms, coal, etc. Twenty-six others are provided with like pensions and allowances outside, and are admitted to the College according to their necessities, and as vacancies arise.

The benefits are equally open to widows. The age must not be less than sixty. A five years' previous practice is a qualification required from the decayed surgeon or physician.

THE WIDOWS' AND ORPHANS' SOCIETY.

This is a mixed Provident and Benevolent Society. A sum of two guineas yearly saves the family of the subscriber from destitution should they unfortunately fall into it. No allowance is made to anyone who has not fallen into indigence. Every year witnesses the sad spectacle of many widows and orphans relieved by this Society. Between two and three thousand pounds are spent in some years. This Society is unfortunately confined to those who live within twenty miles' radius of Charing Cross. Its own funds have not sufficed for all the good it has achieved, for it has been enriched from time to time by numerous bequests.

PROVINCIAL MEDICAL SOCIETIES.

The provinces display considerable activity in the matter of Societies. The branches of the British Medical are active and numerous.

In addition to these, we have close upon eighty independent

Societies scattered throughout England. An enumeration of individual names is unnecessary, and would merely occupy space.

Their objects may be gathered from a generic list. Thus we have several Medical Societies, some Microscopical Societies, Pathological and Clinical Societies, Sanitary Societies, Benevolent Societies, Ethical Societies, and Medico-Chirurgical.

The Border Domains are represented by Philosophical, Naturalist, Statistical, and other Societies.

There is much good work done by these Societies in the aggregate. Still it is impossible to shut one's eyes to the fact that it falls lamentably short of what might be accomplished. The causes of this are many. The struggle for existence is too keen to allow much time and thought for science. The taste for original research is not fostered amongst students. The examinations of modern times leave them room to think of nothing else.

SCOTCH MEDICAL SOCIETIES.

Edinburgh possesses quite a number, namely : (1) A Medical Missionary Society. This is for preparing medical missionaries for foreign lands. (2) Medico-Chirurgical. (3) Obstetrical. (4) Royal Medical Society. (5) The Royal Society, and several others, either less important or less directly connected with medical science.

ABERDEEN

has got its Medico-Chirurgical and Philosophical Associations. The former of these has affiliated to it a number of others, which conjointly form the North of Scotland Association.

GLASGOW

is the centre of a good deal of society life. It counts its Medico-Chirurgical Society, a Natural History Society, a Pathological and Clinical, a Philosophical, a Botanic Institute and a Southern Medical Society. Some of these of course rather touch the skirts of, than belong to, the profession.

Throughout the remainder of Scotland there are a few scattered Societies with names and objects similar to the English ones already enumerated. Individual enumeration would be as unprofitable in their case as in that of their English fellows.

IRELAND.

Dublin has got its Academy of Medicine. This was formed in 1882 by the amalgamation of the Medical, Surgical, Pathological, and Obstetrical Societies. It is governed by a President and General Council. There is a General Secretary and also a General Treasurer. Each Council has a President, Council, and Secretary of its own. There are four sections corresponding to the four original Societies. There are sub-sections in Anatomy, Physiology, and in Public Health, each of which has its own President and Council. The President of the College of Physicians is *ex-officio* President of the Medical section, while the Surgical section is presided over by the corresponding official of the College of Surgeons.

There are three orders: Fellows, Members, and Associates. The first are alone eligible for office. The first two can read papers, the third are visitors only. Members pay one, and Fellows two guineas, as their annual subscriptions.

The Associates, who are taken from third and fourth years' students, are merely auditors. The proceedings are regularly published. This junction of the individual societies galvanised them for a moment into a new existence and, it must be admitted, has done much good work. The Academy's publications contain much valuable matter. The Royal Irish Academy becomes occasionally the forum for the discussion of subjects allied to Medicine.

Then there is the Zoological Society, where the Universalist, Dr. Haughton, shines. I have myself taken part in the Statistical Society when matters most germane to the organisation of the profession were occasionally on the *tapis*.

MEDICAL SICKNESS ANNUITY AND LIFE
INSURANCE SOCIETY.

This is a Medical Insurance Society, but owing to the economy of management, its success is so much greater than the ordinary Insurances Societies as to make it a great boon to the profession. Their reserve, in a single year, had grown from six to eleven thousand pounds. The Society is founded under the

Friendly Societies' Act ; and members are only liable for their own subscription. Their tables are 20 per cent. lower than those of the ordinary Insurance Societies. A person aged twenty might, by paying a quarterly premium of £1 10s. 7d., receive four guineas per week during sickness up to the age of sixty-five years, and after that two guineas per week if he were permanently disabled ; in other Societies over £2 had to be paid quarterly to secure a less result. A new table has been added to the Society under which parties dying before the age of sixty-five will be able to secure a certain sum out of their payments. Thus parties of not less than five years' standing will get back half, and of not less [than ten, three-fourths. This Society gives promise of being a great success.

There is one Society each in Belfast, Cork, and Drogheda.

POOR-LAW MEDICAL OFFICERS' ASSOCIATION.

This, which might be also called Rogers' Association, was founded by the well-known Dr. Rogers some twenty years ago. It fulfils, with less talk, however, a function somewhat analogous to, if not actually identical with, those discharged by the Irish Medical Association. Its sphere of action might be described to be ever recurring contests with Guardians and Local Government Boards on behalf of English Poor-Law Medical Officers.

ASSOCIATION OF GENERAL MEDICAL PRACTITIONERS.

This promises to be one of the most important Associations in all England. It has for its chief object the restoration of the collegiate rights of the mass of the profession, and the general assertion and defence of their interests in every way. Its head quarters are in London. Dr. Verdon is one of its most active officers.

IRISH MEDICAL ASSOCIATION.

This Association was founded in 1839, and continued in active operation until 1846. In June, 1853, it was re-organised, and its constitution altered. At present the Association consists of a President, eight Vice-Presidents, a Committee of Council of

thirty-six, Honorary Secretary, two Auditors, and about four hundred and fifty members. There are in Ireland 1,019 medical officers connected with Poor-law Unions, also about 949 private Practitioners.

The objects of the Irish Medical Association are as follows:—
1st. To unite members of the Medical Profession to protect and promote their interests. 2ndly. To watch the progress in Parliament of all measures affecting the profession. 3rdly. To afford members information on all matters of interest relating to the profession, and to give them an opportunity to express their opinions thereon. 4thly. To obtain, when necessary, legal advice as to the interpretation of the law upon matters involving the interests of the profession; and as it may seem expedient, to institute legal proceedings to obtain judicial decisions thereon. 5thly. To arbitrate, when required, in disputes between individual members of the Society.

We will now, from the reports of the Society and other documents, give a short history of what has been accomplished by it.

SUPERANNUATION OF MEDICAL OFFICERS.

The Irish Medical Association has always been opposed to the powers vested in Boards of Guardians by the Superannuation Act, 32 and 33 Vic.; Section 2 of this Act empowers “the Boards of Guardians of any Union in Ireland, with the consent of the Local Government Board, to grant to any medical officer of said Union, or any medical officer of a Dispensary District in said Union, an annual allowance upon his retirement from said office, at the following rates:—

“To any medical officer who shall have served ten years and less than eleven years—an annual allowance of ten-sixtieths of the annual salary and emoluments of his office.” For eleven years—eleven-sixtieths; and in like manner a further addition to the allowance of one-sixtieth for each additional year of service, until the completion of a period of service of forty years, when the maximum annual allowance of forty-sixtieths may be granted, and then all further addition ceases.

A Bill was brought into the House of Commons in 1883,

which would have placed medical officers of Poor-Law Dispensaries and Workhouses on the same footing as other civil officials and guarded them from being dependent on Poor-Law Guardians. That the objection of the Irish Medical Association to the power conferred by the above-named Act was well founded, is but too well proved by the case of Dr. Walker of Bonmahon, who was a feeble old man, eighty years of age, fifty of which he spent as Poor-law Medical Officer, and who was tricked out of his pension by the Guardians. Several similar cases are contained in the reports of this Association. The Bill to amend this state of things was opposed by several Irish Members. A regrettable feature in connection with this matter, was a certain amount of opposition received from Poor-law officers, who did not object to the obnoxious veto and ambitioned better and earlier pensions.

MEDICAL OFFICERS' SUBSTITUTES.

Through the efforts of this Association it has been established that the substitutes of Poor-law Medical Officers in cases of sickness, absence as witnesses, etc., must be paid. We quote under this head a few decisions in the Law Courts.

The medical officer of a Dispensary District in the Mountmellick Union became seriously ill, and a substitute was appointed to do his duty by the Dispensary Committee, at a salary of £3 3s. per week. The Guardians refused to pay this sum on the ground that he had not been formally appointed until some days after he had begun to discharge the duties. The Council of the Irish Medical Association instructed Mr. Clifford Lloyd, their Solicitor, to take proceedings to recover the substitute's claims, and on the hearing of the case the County Court Judge gave a decree with costs.

In 1886 the County Court Judge of Clare decreed the Guardians of Kilrush Union for £23 11s. due to Dr. O'Brien, Milltown-Malbay, for his services as *locum tenens* during the illness of Dr. Healy, medical officer.

Dr. Leonard, medical officer of Athenry Dispensary District being summoned as a witness to the Sligo Spring Assizes, the Dispensary Committee appointed Dr. Lambert as his successor. Dr. Lambert sued the Guardians at the Loughrea Quarter

Sessions, when Mr. Henn, the Recorder of Galway, ruled that Guardians had a discretionary power in the case. Mr. Clifford Lloyd, Solicitor to the Irish Medical Association, appealed, and Judge Murphy, at the Galway Assizes, reversed the Recorder's decision. In all similar cases the Guardians were defeated. The Irish Medical Association gives the following advice to medical officers:—1. That in case of illness they are bound to recommend to the Dispensary Committee a duly qualified substitute, but they have nothing whatever to say to his appointment or payment.

2. That if the substitute acts without a definite contract with the Dispensary Committee as to payment, he will be probably not paid at all.

3. That whatever sum the Dispensary Committee contracts for the Guardians must pay.

4. That there is no power to deduct anything from the doctor's salary, under any circumstances.

5. That no rule the Guardians may make can alter these rules in the least degree, and therefore motions and resolutions are valueless.

PRISON DOCTORS' SUBSTITUTES.

The surgeon of the Galway prison being summoned to give evidence before the Prison Commission in Dublin, he suggested to the Governor of the Gaol, that Dr. Rice was a fit person to discharge the duties, and thereupon the Governor requested that gentleman to undertake the charges. Dr. Rice, having performed the duties, claimed remuneration from the Prison Board. This body ruled that the prison surgeon should pay his substitute, but Dr. Rice refused to accept payment from that gentleman. The matter was referred to the Lords of the Treasury, who decided that the prison surgeon should pay his substitute. This Association, at the request of Dr. Rice, undertook the case in order to have a legal decision, and at the Galway Assizes Judge Murphy decided, that the Prison Authorities should pay the substitute. The General Prison Board and the Lords of the Treasury thereon issued a circular, "that any prison surgeon refusing to pay his substitute should

forfeit his situation." The Irish Medical Association have declared their intention, that should a prison surgeon be dismissed on these grounds, viz., for refusing to pay his substitute, legal proceedings will be instituted to recover damages for wrongful dismissal. The report of the Irish Medical Association, alluding to the circular issued and to Judge Murphy's decision, is noteworthy, and they would recommend medical gentlemen holding public appointments, when compelled to be absent in such instances as Crown summonses or official requirements, merely to nominate, but not appoint, or make any arrangement as to the payment of, their substitutes, leaving it to the latter to take the steps necessary to recover from the proper source the amount of their claims for services rendered.

Further reference is made to this subject in the Association's Annual Report for 1886. Various cases are given where the powers of usefulness of the Association were brought home to the minds of the authorities by successful actions at law, maintained through its instrumentality against them. It must be admitted, that it is unreasonable that these medical officers should have their substitutes paid while they themselves are being paid at the same time, as medical witnesses, etc., for instance. A very absurd condition is laid down, where these officers are sick, in a letter from the Prison Board, dated, 6th January, 1886. In that they state:—"Inasmuch as those officials are entitled to a month's leave each year, during which they must pay for a substitute themselves, no allowance for a substitute will be made in a case of illness until the medical officer has availed himself of this month's leave." A further piece of shabbiness, on the part of this Board, is shown by their allowing payment, where they do sanction it, at the miserable rate per week allowed to the medical officer himself. The Association commented very strongly upon this, and here the matter at present stands.

MEDICAL OFFICERS' FEES.

This important question occupied a good deal of attention of the Medical Association, and its efforts have been successful. As to medical officer's fees as witnesses in sanitary prosecution,

the case of Dr. Evans, Medical Officer of Health, Kilkeel Union, rules all similar ones. He was directed by the Sanitary Authority to attend at a prosecution, and give evidence. He did so and claimed a fee, under the Public Health Act (1878). The Guardians refused his claim. The Council of the Irish Medical Association brought it before Mr. Justice Andrews at the Downpatrick Assizes, who gave a decree of £1 1s. and costs. The Local Government Board issued the following order:—“In any case, where it has not been agreed on that the duty of affording such attendance shall be included in his salary, the remuneration for a medical witness shall not be less than £1 1s., and not exceeding £2 2s. per day or part of a day, as may be fixed by the Sanitary authority.” The following scale of fees for attendance as witnesses was published in the *Dublin Gazette*, 27th June, 1882, under Rules and Orders of the Supreme Court of Judicature:—“For medical men, if resident within five miles of the place of trial, or ten miles if there is a railway for three-fourths the distance, £1 1s. per day. If beyond that distance a sum not exceeding £3 3s. per day; reasonable travelling expenses being also allowed.” In Crown cases:—“If a medical man is summoned to attend at sessions in the town in which he resides, he gets £1 1s.; if detained in Court three hours, he obtains an additional fee of one guinea. When he attends at any other town, £2 2s. per day are given for every day he is kept from home, together with travelling and hotel expenses, not exceeding 15s. per night.”

POOR-LAW CONSULTATIONS.

Medical men when called in consultation by a dispensary or workhouse doctor, to aid him in dangerous cases, are entitled to a fee of £2 2s.

In the Mountrath Dispensary District, Dr. Hutton was called upon by Dr. Fisher in a dangerous midwifery case and claimed the above fee, but the Board of Guardians refused to give more than £1 1s. On being threatened by the Council of the Irish Medical Association, they subsequently paid Dr. Hutton £2 2s.

Dr. Rice assisted Dr. Neale in a similar case, and after threatening legal proceedings, the Mountmellick Guardians

paid him £2 2s. It has also been established, that when a medical officer attends by order of the Coroner at an inquest, and either examines the body, or gives evidence as to the cause of death, he is entitled to his fee. There are, however, exceptions to this rule, for instance, if the medical officer so appearing before the Coroner is in charge of a public institution where the person on whom the inquest is held, died. On this point, however, one English Coroner has given a decision more favourable to the workhouse medical officers, whose institutions, he holds, are not infirmaries within the meaning of the law.

In reference to the fees of medical witnesses, we quote from the Report of the Association for April, 1886, the following important decision :—“To-day (8th December, 1885, at the Winter Assizes) Mr. Justice O’Brien, addressing Mr. Roche, Crown Solicitor, said he had received a letter from Dr. Pierce, of Newcastle, Co. Limerick, who complained that he had received but six guineas for his attendance at the Assizes. The doctor claimed three guineas a day and ten shillings a day expenses, so that he had been paid only half of what he claimed. Judge O’Brien said it was his intention to repay him, stating his opinion that two guineas a day to a professional man who came from a distance was no remuneration. He would direct that Dr. Pierce be paid three guineas a day as remuneration for his attendance and fifteen shillings a day for expenses. That he (Mr. Justice O’Brien) did not mind who assumed the name of the Treasury and its powers, that he would not require the attendance there of any medical man from a distance at two guineas a day. He would not sanction it, and he would treat as a contempt of Court any attempt to dispute the carrying out of those orders by the Crown Solicitor.

FEES ON CANCELLED TICKETS.

In this department the influence of the Association has been instrumental in giving legal lessons to the issuers of dispensary tickets, and fruitful cautions to persons not entitled to such tickets against accepting gratuitous relief. The Association attempted to run a Bill giving the doctor power to summon before the Petty Sessions either the issuer or recipient ; but this is not yet law.

FEES UNDER PUBLIC HEALTH ACT.

At some Courts of Quarter Sessions, Boards of Guardians have been sued by doctors for attendance on prosecutions under the Public Health Act. The written orders for attendance were produced. The defence was that the doctors had salaries under the Act and were bound to attend. The Chairmen in giving their decision said the duties of Medical Officers of Health did not include the above unless it was so arranged at the time of appointment ; and they decreed for the amount.

In the Report of the Irish Medical Association for 1882, it is stated that a Consulting Sanitary Officer, upon the requisition of the Sanitary Authority, gave evidence in sanitary prosecution on these days and claimed £3 3s. fees. The Guardians refused payment. The Irish Medical Association ordered their solicitor to proceed against the Guardians, when the sum claimed was recovered. These two cases are sufficient as to the law regarding such claims.

FEES UNDER LABOURERS' (IRELAND) ACTS.

The Report of the Association for 1883 gives an epitome of the Act and how it is to be carried out. The refusal of several Boards of Guardians to pay their medical officers for examining and reporting on the state of labourers' cottages, compelled the Council of the Association to appeal to the law for a decision on the subject.

The Medical Officer of Rathdrum Union sued the Guardians for £11 as reasonable remuneration for having examined and reported on twenty-two labourers' dwellings for the purpose of the Labourers' (Ireland) Act. The County Court Judge for Wicklow, in giving a decree for the amount claimed, said the Public Health Act did not impose the duty of gratuitously inspecting and reporting on labourers' dwellings, and the Local Government Board were in favour of a fair remuneration in such cases.

Dr. Rogers, Medical Officer of Health, Youghal, through the Council of the Irish Medical Association, appealed against the

decision of two judges who decided that, as Medical Officer of Health, he was bound to spend four days in inspecting and reporting on labourers' dwellings. The appeal came before the Lord Chancellor on the 29th February, 1885. The Lord Chancellor delivered the unanimous decision of the Court of Appeal reversing the decision of Judge Lawson, and sustaining the claims of Dr. Rogers. This decision binds all Courts in Ireland, and can only be upset by the House of Lords.

LUNACY FEES.

It appears that where the justices, by whose directions a medical doctor examines a lunatic, order a certain fee to be paid, the Guardians must pay the sum so ordered. Dr. Anderson, Medical Officer of the Newtownhamilton Dispensary, having examined, by order of the magistrates, several dangerous lunatics, was awarded by said justices a fee of £2 2s. in each case, but the Castleblaney Board of Guardians would only pay £1 1s. The Council of the Association took up the case. It was tried at the Downpatrick Assizes before Mr. Justice Andrews, who gave a decree for £2 2s. in all cases where the magistrates had sealed the order. An official communication was received by the magistrates at the Petty Sessions, Drogheda, in reply to their inquiry whether the certifying of a dangerous lunatic was within the official duty of the dispensary medical officer or not, to the effect that the magistrates in this case ought to make an order under 38 and 39 Vic., c. 67, for payment to the doctors of a reasonable fee; and that he could not be legally compelled to give a certificate until this had been done.

CONSTABULARY FEES.

In the generality of cases where the police call dispensary doctors to attend on persons in their custody, the medical officer cannot hope for fees, as the authorities do not now recognise the payment of such fees unless in certain cases. Dispensary medical officers are advised by the Association to make it a rule not to give any services until presented with a fee, or until they

receive a properly issued ticket. If the person attended be not a "poor person," the medical attendant must have the ticket cancelled by the Dispensary Committee, and sue the party whom he attended. Formerly in such cases the fees were promptly paid by the Castle. The Treasury, however, now order the police to get a ticket either before (if the case be not imminent) or subsequently, and to give it to the doctor. A case was tried in which a doctor sued a constable for his fee. The evidence went to show that the constable telegraphed for the doctor, who promptly attended and demanded his fee. The defence was that as medical officer of the dispensary district he was bound to attend the sick person in the police lock-up, and that the constable subsequently presented him with a ticket. The judge gave a decree for the sum claimed; but would give no opinion as to whether the doctor was bound to attend on a ticket. So the question remains.

VACCINATION *V.* VACCINATION FEES.

The sixth section of the Vaccination Amended Act provides that the Boards of Guardians shall pay to medical officers of dispensaries for every person successfully vaccinated and every person re-vaccinated by them within their dispensary districts the sum of 2s. for each case. The Poor-law Commissioners in their circular of directions recommend re-vaccination after an interval of ten years from the time of primary vaccination, as essential to thorough security from an attack of small pox. The Commissioners further state: "That non-appearance of a vesicle in re-vaccination is no criterion of success or non-success"—the result in the latter case showing that the former vaccination was still protective. To give an idea of the increase of medical officers' emoluments from re-vaccination, we extract the following from the Irish Medical Association Reports:—Dr. Grade, a dispensary officer, sent in a bill for £124 16s. for his having from the 20th October to 11th December, vaccinated and re-vaccinated 1,248 persons, 91 of whom were children under three months. Dr. Woods, Medical Officer of the Monaghan Dispensary, furnished an account to the Guardians for over £100 for persons vaccinated. The Guardians remitted the bill to the Local

Government Board, as the list contained the names of persons well able to pay. The Guardians of the Armagh Union refused to pay for re-vaccination cases not certified as "successful." The Council of the Association instituted legal proceedings, and after many legal formalities had been gone through, the Court of Queen's Bench laid down the doctrine that all cases of re-vaccination must be paid for whether successful or not. In a great many districts Boards of Guardians have paid their medical officers on demand, but in several cases resort had to be had to legal proceedings, which were in all cases successful.

The Irish Medical Association deprecates the system of dispensary officers prosecuting persons; the duty of prosecuting defaulters under the Vaccination Act being the province of the Guardians. The medical officer ought, in their opinion, merely to attend as a witness.

THE NOTIFICATION OF INFECTIOUS DISEASES.

The Association gave anxious thought to this question, and were strongly adverse to the duty being imposed on medical practitioners, of giving the information themselves. A Bill to deal with this subject was introduced into the House of Commons in 1883 by Mr. Hastings, M.P., and at the desire of the Council, one of the principal sections of the Bill was framed to make the notification of infectious diseases the duty of the householder or guardian of the patient so affected.

The medical attendant was to have the option of notifying the disease. In such event, only, was he bound to perform the duty.

This question remains still to be settled, and, judging by the comparative failure of various local acts, the extension of compulsory notification to the whole country cannot be expected to work in any other than in a halting way. No medical officer can be punished for non-notification, for it would be always in his power to plead ignorance of the fact of its being a contagious disease. On the other hand, the length of time which must elapse before one disease can be positively pronounced to be contagious, deprives those acts of much of their valued usefulness. From whatever point the question is viewed, it is

surrounded with difficulties. The householder *per se* can defeat any legislation on the subject. I am disposed to think that much of the value of such an act would be confined to the poorer classes, and that if the Poor-law Medical Officers were alone compelled to notify, most part of the gain would be realised, and a sufficiently extensive experiment would be inaugurated.

AMALGAMATION OF UNIONS.

In the case of the Medical Officer of Newport Union, who lost his situation by the amalgamation of that Union with the Westport one, the Committee of Council, in accordance with legal advice, issued an action at law on the part of the doctor, to recover compensation of £3,000 for the loss of his office; and it was found necessary, owing to the difficulties of the case, to make the Local Government Board as well as the Board of Guardians of the two Unions respondents.

This trial was looked forward to as a test case, but the decision was unfortunately adverse. This miscarriage was due to an Act passed the previous session, which gave discretionary power to Boards of Guardians to give compensation for loss of office. This permissive power abolished a legal right, which would otherwise have remained in existence, to absolute compensation. Such at least was the opinion of Mr. Purcell; and too much credit cannot be given to Dr. Jacob for his efforts to prevent the Bills becoming law.

REMOVAL OF MEDICAL OFFICER.

One doctor paid £75 to another, to resign when Mr. Dillon was appointed. The Local Government Board having heard of the transaction, removed Dr. Dillon by a sealed order. The Report of the Irish Medical Association, in alluding to this dismissal states: "We are glad the Local Government Board has made it understood that such proceedings will not be tolerated."

REGISTRARS OF BIRTHS AND DEATHS.

The Association having brought under the notice of the Registrar-General certain grievances suffered by the Registrars, had every attention given to their communication, which resulted in the enactment of a new rule which came in force on 1st January, 1886, viz., that in addition to the usual mileage allowance, the sum of five shillings shall be allowed on and after that date to every Registrar who is obliged to travel to the Superintendent Registrar's office with his quarterly returns, by road fifteen miles or more his single journey, unless a railway be available, but this rule is not to apply to cases where Registrars are entitled to actual hotel expenses in consequence of having to remain out at night.

MEDICAL MAGISTRATES.

In the House of Commons (May, 1884) Mr. Sexton asked the Chief Secretary for Ireland how many workhouse or dispensary officers in Ireland had been appointed since the rule was made to exclude such officers from the Commission. The Chief Secretary said that since 1872, when a rule was made to exclude workhouse or dispensary doctors from the Commission of the Peace, ten medical gentlemen had been appointed magistrates; but with regard to eight of the ten, the records of the Hanaper Office did not show whether they were, or were not, dispensary officers. Two were appointed by the Lord Chancellor with the knowledge that they were dispensary doctors, but the rule to the contrary had not been brought under his lordship's notice. The official records did not show the religious professions of these gentlemen. In the Supplement of the *Medical Press*, June 17th, 1885, the Irish Medical Association announced that they had prepared and forwarded to His Excellency the Lord Lieutenant, an humble memorial signed by 614 registered medical practitioners residing in Ireland, setting forth the injustice done to an honourable profession, praying that those officers might be re-instituted in the position which they are entitled to occupy; and they reported that the memorial had the desired effect, and that several dispensary medical officers have since been appointed to the Commission of the Peace.

MEDICAL REFORM.

This, the most important subject to the profession, appears from the different reports, not to have been ignored by it. The Association contributed its quota from time to time to swell the wave of agitation in favour of reform. They sent Dr. Moore to London to give evidence on their behalf, and instructed him to declare:—"That the Association strongly disapproves of any proposition to admit to medical practice, or registration, under any circumstances, a person whose competence had not been proved by passing a conjoint or State examination. Dr. Jacob also advocated the views of this Association before that Committee:—"The Committee of Council state that the scheme of Medical Reform recommended by the majority of the Royal Commission corresponds in most important respects with that which this Association has supported, although some of the details suggested by the Commission are different from those of the plan usually accepted by medical reformers."

On the recommendations of that Commission the report of the Irish Medical Association remarks:—"The Association very properly expressed its regret that the report of this Commission dealt in such a halting way with unlicensed practice." They further criticised what they deemed to be the shortcoming of the report; in not going in for the three uniformities, viz.:—of fees, examination, and of education.

ROYAL BENEVOLENT SOCIETY.

One of the grandest actions of the Irish Medical Association was the establishment of this Society for the relief of widows, orphans, and of distressed and aged medical men. Some idea of the good effected through its instrumentality may be inferred from the following extracts taken from its reports. At the annual meeting held in June, 1881, the Hon. Secretary stated:—"Since its foundation, 1842, up to the present day, it has yearly relieved from the most urgent need many a brother practitioner who, from the pressure of adverse circumstances, has been driven to the verge of starvation. Within the past year one medical man has been granted the sum of £50 to assist him to emigrate.

Another who was found literally starving, has by a grant of £25 been kept from entering the workhouse. The total amount expended since last report amounted to £1,129, of which £340 was to medical men, £691 to widows and £98 to orphans." At the fortieth annual meeting in 1882 the Hon. Secretary, Dr. Benson, in reading the report stated :—

"It is difficult to estimate the immense value of the grants made, but two instances may serve to show how timely assistance is offered. By a grant of £30 a widow lady was enabled to emigrate with six children to New York, where friends had promised her a home. During the year four medical men, who had been in receipt of assistance, were by death removed from the list. Of these, one aged 75 years, received £451; another, aged 79 years, £194 10s.; a third, aged 70 years, £70; whilst the fourth received £60. *Ad interim* applications were made in ten cases, in five of which immediate relief was granted, the amount varying from £5 to £30. Of the applications, five were from medical men; 87 were from widows of medical men, twelve of whom were applying for the first time; twelve were from orphans, three of whom were new on the list. £1,024 was awarded for distribution; of this sum £155 was to medical men; £741 to widows; and £128 to orphans, leaving a balance of £180 18s. in Treasurer's hand to meet necessary expenses. Dr. Wm. Moore in proposing the adoption of the report remarked, that the *ad interim* grants were often of great importance. But for such a grant a very respectable member of the Profession would have died from destitution. Dr. Hamilton in seconding the resolution said :—"The one little cloud upon the Society is the large number of their professional brethren who still abstain from supporting it."

The forty-third annual meeting was held in June, 1885, when it appeared that the relief given during the past year was in excess of that of any former one, as during the twelve months ending May, 1885, the sums distributed amounted to £1,272. The Bank of Ireland Stock to the credit of the Society was about £20,569.

ADDENDA.—ADVICE TO MEDICAL OFFICERS.

The Committee of the Council in their report for February, 1886, state :—“ We avail ourselves of the opportunity again to remind Irish Poor-Law Medical Officers that the most stupid thing they can do is to resign their office before asking for pension. There is no law or rule to compel them to do so ; and it is quite open to them to bring the matter to vote in the Board of Guardians, and to hold their office until the moment when the question is about to be put by the Chairman. It is obvious that if they resign a month previously, the Guardians who desire to save the rates, will, without hesitation, vote against the grant of a pension, because the doctor is at their mercy ; but if he does *not* resign, they will vote for the grant, not from any love of him, nor from any sense of justice, but because they want to get rid of him, and to put their own friend in his place, and because they know he will not vacate office unless they pension him.”

DANGEROUS LUNATICS.

A very strange law has been passed through the agency of this Association, by which the dispensary doctor has actually the monopoly of the Committee of dangerous lunatics and a monopoly of fees for same. An ordinary physician can of course send on a patient under other Acts, but it is often tedious, and always must be paid for by the patient's friends. Complaints have been made when it was too late.

LABOURERS' AMENDMENT ACT.

An attempt was made to graft upon this Bill, which was brought in by Mr. Mayne, a clause securing a monopoly of cottage inspections for the dispensary men. It appears that the unfortunate consulting sanitary officers were allowed, under the previous Bills, to have their share of the inspections, and as this was entirely too much for the patrons of the dispensary folk, they now sought to have it altered. That attitude of the Association is not respectful enough, in the opinion of the writer, towards public bodies. The Trade Union element is too prominently thrust forward. The public interest is so plainly subordinate to

those of a mere society of public servants that it has less of moral weight than it would otherwise possess. The monopoly of affections likewise, which is possessed by its dispensary *protégés*, has given rise to bitter feelings in the minds of many others. Nevertheless, it is a useful body and merits the gratitude of its own *clientèle* ; while it can hardly be refused the respect of all.

HOUSEHOLD FRANCHISE AND MEDICAL DISPENSARY OFFICERS.

A section of the Parliamentary Reform Act, which declared that receipt of medical relief should not disqualify from the exercise of the Franchise, seemed so closely to involve the interests of medical officers, that the Association gave it its earnest consideration, and few, we think, will quarrel with the following references to it in the report for the year 1886.

(1.) "That any action taken by this Association, either in support of, or antagonistic to, the terms of the third clause of the present Registration of Voters Bill (Ireland) would embroil the Association in a question of general politics which would doubtless have a disastrous effect."

(2.) "That modification of that clause, so as to admit lowly rated persons to enjoy right to exercise franchise with, at the same time, right to medical relief, would not afford protection against abuse of the Dispensary medical relief system, while creating a new form of injustice by depriving of free medical attendance, a large number of persons who happen to be rated above whatever limit might be fixed, but who might, nevertheless, be so poor as to be really unable to pay for medical attendance."

(3.) That the only available means of dealing with cases of abuse of Dispensary medical relief system is to try each case on its own merits, or in other words, continuance of the course hitherto in vogue."

BRITISH MEDICAL ASSOCIATION.

This body is perhaps the greatest power in the profession. Some slight retrospect is required to portray its present state. Like every great entity, it has had its days of infancy, its periods of struggle, and its hours of trial ; but with its brilliant Dublin

meeting of 1867 it was no longer possible to deny, that it had attained to full estate. Year by year it has grown, year by year it seems destined to continue to grow. At present it numbers over 10,000 members, and it has invaded by its branches every important centre of medical thought. These branches now exceed forty, and they promise to largely increase. Each member is elected by ballot, and a three-fourth's majority is required to secure his election. The Association is governed by a Council which consists of a President, President-elect, Vice-Presidents, President of the Council, Treasurer, the Readers of Addresses and Presidents of Sections at the annual general meeting of the Association for the current and preceding year, and other members of the Association elected annually by the branches, one for every twenty members of a branch, together with one other member as the Honorary Secretary of each branch. The real government of the Association is, however, in the hands of a committee of the above Council, and this is made up of the following elements viz :—The President, President-elect, President of the Council, Vice-Presidents of the Association, the Treasurer, the Honorary Secretary of each branch, as *ex-officio* members ; and of twenty members who are elected by the Council annually.

A further inner circle is formed from this committee by the self-appointment from its own body of a sub-committee to which are committed the Journal and finances.

The British Medical Journal voices the Association, while various committees constitute its chief instruments of labour. These comprise a Medical Reform Committee, Parliamentary Bills Committee, and Scientific Grants Committee, Committee for Habitual Drunkards legislation, and an Arrangement Committee. In addition there are two leading sub-committees, viz.:—Those on Collective Investigation and on Trust Funds. Various important enactments largely owe their passing to this Association: the Public Health, Vaccination and Habitual Drunkards Acts are of the number.

Medical Reform has almost from the very start occupied the first place in its thoughts ; and the one portal system, as it is now termed, had its first advocates in it.

The five leading planks which it always put forward were, uniformity of qualification, reciprocity of practice through the

United Kingdom, the establishment of a governing body which should be made up, in part at least, of direct representatives of the profession, adequate preliminary training, and registration of all qualified persons. It is amusing, at this time of day, to think of the amount of support which the prospect of reciprocity, with its attendant advantages, induced some of the leading Scotch Bodies to then bestow, on the now much hated one, the portal system.

The tiny ball gathered as it rolled; the machinery of the Association increased along with it.

What in 1837 was an obscure committee of a half dozen individuals, had by 1854 attained the imperial stature of the Medical Reform Committee, and could almost dictate to one of the most powerful Ministers of the time.

It would be out of place here, more especially as the general subject will be glanced at elsewhere, to enter into any detailed history of the Parliamentary efforts of this body during these long years. One or two points, however, stand out in rather prominent relief. The licensing bodies narrowly escaped destruction from the hands of a Parliamentary Committee which sat in 1856 and owed its existence to this Association. The second point is that the Act (1858), which constituted the sole organic law of the profession, until the Act of the present year, was in reality due to this Association.

This Act would never have passed but for the Association; the privileges which it conferred on the Corporations would never have been attained but for it; the maimed and halting virtues which it possessed would never have existed only for it. What of good it possesses is the offspring of this body, and what of ill is the outcome of the licensing bodies. A Parliamentary system which is so overloaded as to be unable to deal with the myriad requirements of the daily existence of a great empire, render it impossible for a few obstructives to baulk the expression of public opinion and to emasculate the deliberate verdict of Parliament itself. Hence the frequent abortive attempts to improve that Act on the part of this Association; hence the Bill of 1886. One item in connection with the labours of the Medical Association, in former days, deserves record. It strove (1858), when it could accomplish

no more, to incorporate in the organic law a proposal that all holders of diplomas should be examined in the two great subjects of medicine and surgery. It failed, and its failure was due to the efforts of those who of late years found in this proposal a convenient cry, which was calculated to gain for them a great reputation for public spirit and draw off the brunt of criticism from more substantial issues.

The Association was too confiding in 1858, for it was satisfied with assurances about a direct representation, of so intangible a kind, as never to have been recorded even in ink.

It has ever been treated with scant courtesy by the oligarchs of Pall Mall, and yet to its credit be it said that its officials never gave way to petulance, but strove to be as courteous to the discourteous as well could be. It aided the profession, even outside its own ranks, to urge on the cause of representative government. The more active spirits in this field of labour ultimately developed into the well-known Direct Representation Committee.

In 1871 this Direct Representation Committee merged into the Medical Reform Committee. A very curious feature in connection with the Reform Agitation was the persistent denial of the friends of the old system that the profession at large really wanted Direct Representation. It was here that the Association rendered some of its most important services. It obtained more than one plebiscite which, if it did not silence the libellers, at least satisfied Parliament. Repeated Government Bills have been rejected through the action of the Association, because they did not make provision for the Direct Representation of the Profession. So they have forfeited by the error of 1858.

The British Medical Benevolent Fund is administered by the Association. It further offers various prizes and medals to encourage medical progress. Mr. Rivington assails what he terms the close constitution of the Council. He points out very correctly that popular election is concerned with a portion of the Council only ; and that all real power is vested in the Committee of the Council which is, in reality, largely a self constituted body. He further points out the inconsistency of men who are advocating

the introduction of the Representative System into the General Medical Council, maintaining an opposite one in their own body. He tells us that some change is called for, though he, strangely enough, shrinks from the proposal that the governing body should be elected by universal suffrage.

The Journal of the Association is becoming more and more a power in the profession. The collective investigation committee, which it has within the last few years set on foot, is certain to render such important services to medicine that, to have founded it, would alone entitle the Association to the undying gratitude of the whole profession. It has never failed to watch over the material interests of the different departments of our calling. Its great annual gatherings constitute the re-union of the whole profession. In fine, its services of the past are, if possible, likely to be eclipsed by those of the future.

THE LUNACY SERVICE.

This, which is one of the most important departments of medicine, has been perhaps proportionately less cultivated in these countries than any of the others. Some great names there are like those of Forbes Winslow, of Bucknill, and of Tuke in this particular domain, but they have been the few tall poppies on the barren heath. Abroad have the greatest advances been made in the psychological domain. Latterly we are commencing to realise this fact, and with modesty will come progress. The Medical Council has made a beginning. It now includes the study of mental diseases amongst its compulsory subjects. This cannot fail to exercise a most beneficial influence on the study of the whole subject. In England the Lunacy Department is conducted by a Board composed partly of lay and partly of medical members. The former are in a majority, and their total number is very much less than the efficient inspection of declared lunatics would require. It seems it is the practice there for a medical and a legal Commissioner to hunt in couples, than which, the *Lancet* tells us, nothing could well be more absurd.

A lawyer is oftentimes needed, prior to the entrance of the unhappy patient into an asylum, but once there his mission seems to us to cease, and his presence is at best a superfluity

The number of patients which each Commissioner has to inspect is too great, and they are, moreover, so widely scattered as to multiply the difficulties of inspecting them.

In the metropolitan district as many as thirty licensed houses are to be found, while the provinces boast of six-and-twenty. There are sixty-three borough and county asylums. This pretty extensive list is completed by no less than thirteen hospitals for lunatics scattered over various parts of England. There are, besides, the Criminal Lunatic Asylum at Broadmore and an asylum each in Hants, Middlesex, Norfolk, and the Isle of Man. Higher than the Board we have, of course, the Lord Chancellor, who has a staff of expensive visitors (two medical ones receive £1,500 each) whose duty is to look after the lunatics who have been brought under the control of the Lunatic Department of the Chancery Court.

Scotland, too, has its Board. Provision is made in that country for its lunatic population by (1) seventeen district and chartered asylums, (2) six parochial asylums, (3) six licensed private houses, and (4) fourteen poorhouses licensed for pauper lunatics. The Scotch claim superiority for their system. A species of inquisition is gone through in each case before the sheriffs, which, notwithstanding the fact that they act more ministerially than judicially, affords a security against wrongful committals, which the public appreciate more highly than perhaps it deserves. The smaller number of patients, too, enables the visitors to come into closer personal contact with them than is at all possible in England.

Ireland—The Lord Chancellor here, too, is the head of the Lunacy Department, but as in England he may be said to have no actual relations with any save the propertied lunatics. Under an Act passed by the late Lord O'Hagan he is provided with a Registrar in Lunacy to whom is practically committed the management of the whole department. Under him is a large number of visitors who receive payment by the "case" and not by fixed salaries. This is a serious defect, because it militates very much against their efficiency.

The pauper lunatics, or rather public lunatics, are provided for by a Board constituted by the two Inspectors-General of Lunatic Asylums.

There are in Ireland—One Criminal Asylum, four asylums which are maintained either wholly or in part by charitable funds, twenty-two County asylums, and eighteen licensed private houses. Considerable efforts have been made from time to time to amend the English Lunacy Laws. Now, if we are to believe the medical papers, there is quite a condition of chaos at the present moment. It has been stated in them that the responsibility of medical practitioners for signing certificates has been made so excessive by some adverse judicial decisions, that many lunatics are allowed to remain at large owing to the refusal of physicians to sign their papers. It is certain that some practitioners have been severely mulcted for signing proper ones. There is a feeling abroad in many quarters that many are improperly detained in lunatic asylums, and the repeated assaults made on the private asylum system by the chief medical organ have added an intensity and breadth to this feeling which it would otherwise not have. Frequently Bills have been introduced for amending the law in England, but the over-weighted parliamentary machine has prevented their becoming law. One of the most important of these was strangled by the parliamentary dissolution of last summer. It was founded on the recommendations of a Select Committee which sat in 1878. Six leading objects were designed to be attained by the Bill—(1) Safeguards against improper confinement were to be increased; (2) All new private houses were to be prevented and the lodging of single patients was to be proscribed except where the lunacy was established by inquisition; (3) Increased facilities were to be provided for imbecile and idiot children, and the voluntary application for treatment on the part of persons entering on the insane quarter, rather than belonging to it was to be encouraged; (4) Persons of small means were to be enabled to obtain admission to asylums. Lastly, increased power was to be given to the Court over property, and generally the law was to be consolidated. Under one of the clauses of this Bill power was given to the visitors to pay for the boarding out of a pauper lunatic with his own relatives. Existing licensed houses might be purchased and public asylums enlarged.

Power was given to the Court to take over the management of the affairs of a man who was incapable of managing them,

though capable of managing himself. The Court was to have power over the property of lunatics without reference to its amount or to method of committal. Patients were not to be confined except in case of urgency, unless on the order of a judge or magistrate, and after the hearing of a petition and the presentation of two medical certificates. In order to make provision for immediate admission, a single practitioner's certificate would alone suffice, and under it the patient could be admitted at once.

A very peculiar arrangement formed part of this Bill, which ought to go very near affording ample protection against improper detention. This was, first, the right of every patient to address a letter, and his right to request and be accorded a private interview with a Commissioner or visitor. This Bill contained a saving clause protecting from all penalties, actions, etc., etc., any medical practitioner signing a certificate in accordance with the provisions of the Act. This, no doubt, would protect the doctors, but it seemed to us to be calculated to over-protect them, and to bid fair, by the completeness of its aegis, to encourage an unscrupulous man to sign an improper certificate. Considerable fault was found that the private asylums were not done away with under this Bill, inasmuch as their licences might be renewed or transferred to successors or even to new houses.

So much for this Bill, which I quote because, notwithstanding its temporary demise, it will certainly become law at an early date. One change indeed is likely to be affected in it before it does become law. That one has reference to private asylums. They will not be let down so easy as was proposed under this Bill. I will here make one remark on the subject of the medical indemnity clause. It is clear to me that a reasonable amount of responsibility should be preserved if misconduct on the part of any practitioner is to be rendered impossible. The framers of that clause have in their efforts to lighten medical burdens, cast them off entirely. It only remains for me to comment on the system of appointment to public asylums. Dr. Laffan suggested on a former occasion that the Lunacy and Local Government Board services should be amalgamated, and that all the appointments should be given away by public competition. With that

proposal I cordially agree. If we take the Irish Lunacy Service we find, at one and the same time, that its appointments are the nicest ones in the whole Irish profession, and yet, that these are given away to persons utterly unknown to the profession. There are three classes of medical officials in each of these asylums—the Superintendent, the visiting, and the assistant physicians. The assistant is selected by the Board of Governors, and of course without reference to his medical status. The claim has (of late years) been successfully put forward on the part of these assistants, that they should be appointed, as of right, to the office of Superintendent. This is not a reasonable claim. These Superintendents have, or ought to have, a large share in the treatment of the ordinary diseases of lunatics. We all know what an aid the intelligence of a patient is to the examining and prescribing physician. When that intelligence is blurred out, the physician is at once put in the position of a man groping in the dark, who in order to make his way at all, must have had long experience of it in a full light. The unknown young man voted in as an assistant cannot have that experience, and it would be about as reasonable to expect that he could make as good a practitioner among the insane as that a man who scarcely ever saw a perfect coin could be expected to equal a numismatist in the deciphering of defaced ones. I therefore hold those pretensions to be untenable. The visiting physician, it is unnecessary to add, is invariably selected for his devotion to the political party in power. In conclusion, I trust that most readers will agree with me that an experienced hospital physician is best suited for the office of Superintendent, and that the amalgamation of the two departments would, as originally recommended by Dr. Laffan, best secure the services of such.

VARIOUS APPOINTMENTS HELD BY MEDICAL MEN.

SHIP SURGEONS.

This is a most important class, and their status, pay and method of appointment loudly call for remedy. The greatest Colonial and carrying nation in the world has a large proportion of its population constantly afloat, and adequate provision for the health of these would require a numerous and highly trained

medical corps. At present both the numbers and the training are under the mark. A variety of causes has brought this about. The pay is bad as a rule—the lodging and status of the surgeon are bad—the employment is inconstant—the tenure is insecure—the owners select the surgeon, who is thus a dependant on the very people whose path he may have to cross. There is no retiring pay, save in one or two Companies, and no widows' fund. Lastly, the law fails to require the presence of a surgeon where the passengers do not amount to a certain number. The results of all these are to be read in weekly complaints in our journals. This service must be converted into a State one, and the whole system of appointment, pay, tenure, status, pension, etc., revolutionised. I shall be told that the profits are now-a-days too finely cut to admit of any additional burden being placed on the mercantile marine. I doubt, taking all in all, if any such would be entailed by the establishment of one great medical corps for manning the whole mercantile service of these kingdoms.

MEDICAL INSPECTORS OF MERCHANT AND PASSENGER SHIPS.

There are a few such appointed, but the number is so few that they scarcely deserve place here.

PUBLIC VACCINATORS.

In Ireland the dispensary doctor is *ex-officio* public vaccinator. In England it is not so. The vaccinator must, however, be a registered physician and surgeon, and must have received instruction at one of the vaccinating training stations, of which there are about twenty-two in the leading towns of England and Scotland. A vaccinator receives from 1s. 6d. to 3s. for a successful vaccination and two-thirds of that amount for each case of re-vaccination ; in addition, a bonus of one shilling for each case is awarded to those who are eminently successful at the business.

PUBLIC ANALYST.

A good many medical men now hold these appointments. The emoluments vary. The Dublin Corporation Analyst is believed to make over £2,000 a year by the various appointments which he holds.

THE ARMY MEDICAL STAFF.

This service has ever been one of those branches of medical labour which are most cherished by the profession. Over three hundred thousand pounds a year are spent on it. There are six surgeons-general, seventeen deputies, a number of brigade surgeons, and five hundred and eighty-four surgeons and apothecaries. At its head we have the director-general. There is a medical branch presided over by one surgeon-general; and a sanitary branch, presided over by a deputy surgeon-general.

There is a first-class medical school, the only defect of which is that it is too small. It costs over six thousand a year, is officered by the cream of the army surgeons, and puts the last finish to the training of the young military surgeon. This service has passed through a great many phases of existence; quite a number of warrants were from time to time issued, and the changes secured by them were not always pleasing to the medical officers, nor, when pleasing, were they always left untampered with.

It would be both alien to this work, and entirely unprofitable, to rake up the history of the war, for war it was, which long waged between a dissatisfied service and the various authorities that controlled its fortunes.

From Mr. Herbert's warrant of 1859 to that of 2nd December, 1879, it was one intermittent campaign. The contests that were waged would yield no profit to fight them over again, and there is nothing to be gained by entering here into a fresh criticism of the merits and demerits of regimental and unified systems. Unification now is an accomplished fact, and the regimental system is buried in the tomb of the Capulets, where it is destined to remain for all time. The revolution created by the warrant of 1876, under which the entire staff, with the exception of a small percentage, were compulsorily retired at the end of ten years, marked one of those epochs which form turning-points in the History of the Medical Service.

The obvious failure of the ten years' system to fill the ranks, and the continued existence and growth of dissatisfaction led to the appointment by Lord Cranbrooke of his well-known Committee, and the report of that Committee, which has in its

most essential points been acted upon by a warrant issued in 1879, now constitutes the fundamental law of the service. Let us now briefly glance at the various details of the service. Aspirants must not be less than 21 or more than 28 years of age at the date of competing for entry, and they are required to produce those reasonable evidences of moral, physical, and mental soundness which everyone recognises as necessary and called for. Each candidate has to stand a competitive examination in anatomy, physiology, chemistry, pharmacy, and materia medica, surgery, medicine, and midwifery, clinical diagnosis and treatment, operations and bandaging with recognition of instruments.

The examination in these subjects is eminently practical, particularly in medicine and surgery, on excellence in which admission is made entirely to depend.

In addition to those compulsory subjects there are a number of voluntary ones also, in which candidates can tender themselves to be examined, and in which the marks gained are added to those gained in the qualifying subjects. Briefly, these are the two leading modern languages of Continental Europe, viz., French and German, and Comparative Anatomy, Zoology and Natural Philosophy, Physical Geography and Botany. Once passed, our young surgeon is sent on to Netley, where he has to attend lectures in the following subjects: Hygiene, Clinical and Military Medicine; Clinical and Military Surgery; Pathology of diseases and injuries incident to Military Service.

Double qualifications, which must be duly registered, must be possessed by all.

The leading change introduced by the warrant of 1879, viz., the abolition of compulsory retirement at the end of ten years, left untouched the selection by mere nomination, of one-half the staff, which was introduced in 1876.

This innovation has, however, never yet been acted upon and we trust never will, and consequently though nominally only half the existing vacancies are offered bi-yearly for competition, as a matter of fact the entire are thus disposed of. We ought to have mentioned that after passing his examination the candidate is immediately packed off to some large military station where he is supposed to learn some military routine, thence he is sent to Netley the moment the session commences,

and there he remains for four months immersed in those studies to which we have previously referred.

The army examinations have undergone many variations and have been subject to much criticism during the last few years. The preliminary has been fiercely assailed in the *Medical Press*. This "Prelim," as we shall call it, at one time consisted of two parts. The first—entrance, and the second at the conclusion of the Netley course. The position of each officer on the list was determined by the combined results of both. Then came a period when the Netley part was done away with. Then again in 1885 the Netley contribution was again restored. With regard to the "Prelim" Examinations the *Medical Press* charges these with having grossly failed to discriminate between the holders of "High" class and "Low" class qualifications; that they were no tests of any man's real quality; and that through them the service was in danger of being packed with men poor in brains but rich in coaching. It further declared that the failure of Irish candidates to pass was due either to foul play or to defects in the examinational system. It goes on to say,—“At these examinations each candidate undergoes eleven separate examinations in indispensable subjects and seven in voluntary subjects. These subjects are 1, 2, 3, Written answers in Anatomy, Surgery and Medicine; 4, 5 and 6, *viva voce* ditto on ditto.; 7, *viva voce* on Materia Medica; 8 and 9, Clinical diagnosis of a Medical and Surgical case and writing thereon; 10, Operations; 11, Bandaging. Add to these the seven voluntary subjects, one or more of which may be taken up, with the result that in such event the answers will count.” The *Medical Press* states that for four examiners to pass 120 students in four days through these eighteen examinations is simply a process of helter-skelter. The examination, it states, cannot under such circumstances do even approximate justice to the men.

The examiners throw the chief weight on the written and give very little time or credit either to the *viva voce*, to the operative, or to the clinical. A whole day-and-a-half is given to the writing, while ten minutes only are given to the *viva voce* and practical. The system of marking is further alleged to be unfair; it being possible for a candidate to obtain 2,400 marks for three written papers, while the maximum he could attain for

viva voce and practical, in the same subjects, would not exceed 300. The highest score usually does not exceed 1,600, and it is stated that he might mount this up by scoring 75 per cent. in three written subjects without answering a single syllable in the other fifteen. On the other hand, the highest possible score that could be obtained in clinical, operative, and *viva voce* combined, exclusive of the voluntary subjects, could not exceed 800.

Further fault is found with the scarcity of human subjects, and with the antique caste of the examiners. Elsewhere the editor of the same paper boldly insinuates foul play as another cause for rejection, on an extensive scale, of Irish candidates. The Netley authorities have not hesitated to defend themselves and their system. On the face of it such a disproportion between the written and other portions of the examination cannot be defended ; but nevertheless, it is impossible to establish a charge either of partiality, or of defective system, on the fact that high-classed diplomates have been rejected and low-classed ones have passed. A very superior man may go in for a low-classed diploma from mere narrowness of purse. On the other hand it is difficult now to say, after the last report of the visitors of the Medical Council, what are "High" and what are "Low" classed diplomas ; but of this more elsewhere.

A change for the better has been the outcome of this strong criticism, but enough time has not yet been given to *viva voce*, etc. Since the date of the last article the examinational system has been re-introduced for promotion to the higher grades. This was done in '84 in accordance with the recommendations of the Morley Committee. First :—Examinations for promotion to surgeon-majorship. These may be passed at any time from the fifth to the tenth year of service. They include operative and practical surgery ; medicine and pathology, hygiene, and duties of executive officers during peace and war, at home, abroad and at sea. It was not at first stated whether these were to be compulsory or not, or how far they affected existing officers. A certificate in operative surgery is required, and this led to great grumbling from the fear that it might not be always attainable, seeing that surgeons might be beyond the reach of a medical school during the prescribed time.

The next examination is that which surgeons-major have to pass for higher promotion. This must be passed if such higher promotion is to be attained, but it may be passed any time after the twelfth year of service, *i.e.*, after he becomes surgeon-major. The subjects are—(1) on the organization and administration of hospitals ; (2) on the duties of the Medical staff-corps ; (3) on inter-relation of the medical and other departments of the army ; (4) field service with troops ; (5) sanitary duties ; (6) epidemiology ; (7) protection of sick against pyaemia, etc.

The examinations are written and oral, all of which are to be forwarded to the Inspector-General for his judgment without any expression of opinion on the part of the examiners. Surgery and medicine were first included but were afterwards excised. College fellows and University diplomates in hygiene are exempt from that part of the examination ; while officers promoted for distinguished merit are free from all the examinations.

These examinations are eminently practical, and no one who values promotion by merit, or desires to see some check on favouritism ought to object to them. A warrant was issued in 1884, limiting the term of office of the professors of the Netley School. These are now to be held for a term of seven years only, with power of renewal for another seven.

The Secretary of State, however, may terminate the appointment before the seven years, if he chooses. A professor must also retire if the age fixed for his retirement from his rank should happen first. No civilian, if appointed, can hold office after sixty-five. It is to be regretted that this rule, so fruitful of promise for the army school, and so long called for, was not also extended to the Sanitary Committee.

THE SURGEON-MAJORS.

With regard to these there is the same discontent as with the higher officers. They say their promotion, too, is blocked ; that their rank is ill-defined ; that their term of home service is shortened, while no reduction is made in their term abroad, and then comes up again the old complaint about the want of

“Charge Pay.” The great decrease in the number of surgeons since 1873 has, of course, increased the age at which men are promoted to the higher ranks. We regret this as a brother medical. Still we do not see how it can be mended. A benevolent friend has thrown out the suggestion that a sop in the shape of a title would be useful, and suggests that they should be designated assistant surgeon-generals on retirement. This might, or might not be a solatium ; but a more common-sense one would be an increase in the number of the higher grades. Objection, however, is made to this by those who hold the purse-strings. We have already referred to the inferior relative proportion of home service.

Under the warrant of October 1st, 1885, the Army Medical Service and the Army Hospital Corps were amalgamated. Henceforth the Army Medical Service is to be known as the Medical Staff. Under that head quartermasters are to be included as well as surgeons, while warrant officers, non-commissioned officers, and men of the Army Hospital Corps are to be called the Medical Staff Corps. The command of this Medical Staff Corps is given to the medical officers, and they can reduce them in rank or fine them.

This warrant made provision for the establishment of depôts in connexion with the general hospitals in time of war, but the officers commanding these were not to interfere with the medical officers.

Finally, with regard to the highest grades. The Commander-in-Chief appoints to these ; and special reference must be made to the foreign service, which must amount to at least ten years, including three in India. Six of the most deserving officers are appointed honorary physicians to the Court. Six are appointed honorary surgeons ; and all are promoted to the rank of deputy surgeon-general when they happen not to have attained that rank previously. Surgeons may now retire at the end of ten years' service if specially recommended by the authorities, and all ranks junior to that of deputy surgeon-general must retire at fifty-five, while the two highest ranks are retired at the age of sixty respectively. A step in promotion is secured for all who retire after twenty years' service provided, however, that they are recommended for the step ; but this is accompanied by no

increased pay. Officers can now exchange, subject to reasonable regulations, and this is a great gain.

Their condition is further improved in the matter of servants, for one of which they are allowed pay. Nor are they forgotten in the way of good service pensions, of which some, though it must be admitted a spare number, are now bestowed.

Regulations as reasonable as could be demanded are in existence in the matter of forage. Last, and not least, the sick officer can obtain twelve months' sick leave, and though some routine has to be gone through, no difficulty is ever experienced by *bonâ fide* invalids. Where permanent disability is contracted by the discharge of duty, permanent half-pay may, though not necessarily, be secured, and the authorities even reserve to themselves the power to grant such half-pay when the disability is not traceable to anything caused by the discharge of duty. After one year a generous rule allows the permanent invalid to retire on the pay of his rank if he has been in the service for a period of five years in receipt of full pay, and where he has not, he may be granted permanent half-pay of his rank. Mr. Ormsby, in a lecture quoted in the *Medical Press* of November 24th, 1886, gives a different account, and we were puzzled for the moment, but a renewed examination satisfied us that the foregoing is strictly correct. No doubt their half-pay time does not reckon towards retirement, and his junior too sometimes slips over his head in consequence. A finical grievance, scarcely worth mentioning, is, that the commissions of the young home officers only date from the close of the Netley career.

We now subjoin a table of the ranks and rates of pay, half-pay, retire-pay, and gratuities, together with the relative ranks of the members of the Army Medical Staff.

RANK AND PAY.

The ranks and rates of pay of the Officers of the Army Medical Department shall be as follows :—

	Exclusive of Allowances.	Relative Rank.	Retired Pay.
	Daily. £ s. d.		Daily. £ s. d.
Surgeon-General ..	2 15 0	Major-General	2 0 0
	Yearly		
At Head-Quarters ..	1,300 0 0*		
	Daily		
Deputy Surgeon-General	2 0 0	Colonel ..	1 15 0
	Yearly		
At Head-Quarters ..	900 0 0		
	Daily		
Brigade Surgeon ..	1 10 0	Lieut.-Colonel	Under 30 years' service 1 7 6
			After 30 years' service 1 10 0
After 5 years in the rank	1 13 0		
	Yearly		
At Head-Quarters ..	750 0 0*		
	Daily		
Surgeon-Major ..	1 0 0	Major ..	After 20 years' service 1 0 0
			After 25 years' service 1 2 6
After 15 years' service..	1 2 6	Major ..	After 30 years' service 1 5 0
„ 20 „	1 5 0	Lieut.-Colonel	
„ 25 „	1 7 6	Lieut.-Colonel	Gratuities.
	Yearly		Surgeon and Surgeon-Major.
At Head-Quarters ..	650 0 0*		After 10 years' service 1,250 0 0
			After 15 years' service 1,800 0 0
Surgeon.. ..	200 0 0	Captain ..	After 18 years' service 2,500 0 0
After 5 years' service ..	250 0 0		
	Daily		
„ 10 „	0 15 0		
Surgeon on Probation..	0 8 0	Lieutenant ..	
	*Inclusive of Allowance.		

HALF PAY.	Daily.	CHARGE PAY.
Surgeon-General	£ s. d. 2 0 0	The Principal Medical Officer of an army in the field, consisting of 10,000 men and upwards, £1 daily; of 5,000 men and upwards, 15s. daily; of less than 5,000, 10s. daily.
Deputy Surgeon-General ..	1 15 0	
Brigade-Surgeon, under 30 years' service	1 7 6	
After 30 years' service	1 10 0	
Surgeon-Major, after 20 years' service	1 0 0	
After 25 years' service	1 2 6	The Principal Medical Officer of a colony, where the number of commissioned officers and enlisted men is 1,500 and upwards, 5s. daily.
„ 30 „	1 5 0	
Surgeon-Major or Surgeon— Under 5 years' service ..	0 6 0	
After 5 „ . ..	0 8 0	
„ 10 „	0 10 0	
„ 15 „	0 13 6	

FULL PAY AND ALLOWANCES.

7. The undermentioned scale of full pay is substituted for that hitherto in force :—

Rank.	Daily.	Yearly.	Increase since 1875.
	£ s. d.	£ s. d.	£ s. d.
Surgeon on entry	0 11 6	209 17 6	0 0 6
After 4 years' full pay service	0 14 6	246 7 6	0 1 0
„ 8 „ „	0 15 6	282 17 6	0 1 6
Staff Surgeon, on Promotion	1 1 0	383 5 0	0 3 0
After 4 years' full pay service in rank ..	1 4 0	438 0 0	
Fleet Surgeon, on promotion	1 7 0	492 15 0	0 4 0
After 4 years' full pay service in rank ..	1 10 0	547 10 0	
„ 8 „ „ „	1 13 0	602 5 0	
Deputy Inspector-General	2 2 0	766 10 0	0 11 0
Inspector-General	2 15 0	1,003 15 0	0 10 0

HALF PAY.

11. The undermentioned scale of half-pay is substituted for that hitherto in force :—

Rank.	Daily.	Yearly.	Increase since 1875.
	£ s. d.	£ s. d.	£ s. d.
Surgeon, under 2 years' full pay service	0 6 0	109 10 0	
„ after 2 „ „	0 7 0	127 15 0	
„ „ 4 „ „	0 8 0	146 0 0	0 2 0
„ „ 6 „ „	0 9 0	164 5 0	0 1 0
„ „ 8 „ „	0 10 0	182 10 0	0 1 0
„ „ 10 „ „	0 11 0	200 15 0	
Staff Surgeon, on promotion	0 12 0	219 0 0	0 1 0
After 2 years' full pay service in rank..	0 13 0	237 5 0	
„ 4 „ „ „ ..	0 14 0	255 10 0	
„ 6 „ „ „ ..	0 15 0	273 15 0	
Deputy Inspector-General, on Promotion	1 5 0	456 5 0	0 4 0
After 2 years' full pay service in rank ..	1 7 0	492 15 0	
„ 4 „ „ „ ..	1 9 0	529 5 0	
Inspector-General	1 18 0	693 10 0	0 7 0
Fleet Surgeon, on promotion	0 17 0	310 5 0	0 1 0
After 2 years' full pay service in rank ..	0 18 0	328 10 0	
„ 4 „ „ „ ..	0 19 0	346 15 0	
„ 6 „ „ „ ..	1 0 0	365 0 0	

GRATUITIES AND RETIRED PAY.

14. Gratuities and retired pay will be awarded on retirement and withdrawal on the undermentioned scale :—

Rank.	Gratuities.	Daily.	Yearly.
	£ s. d.	£ s. d.	£ s. d.
Surgeon and Staff Surgeon—			
After 8 years' full pay service ..	1,000 0 0		
„ 12 „ „ ..	1,500 0 0		
„ 16 „ „ ..	2,250 0 0		
Fleet Surgeon, after 20 years' service (including proportion of half-pay time).. ..		*1 0 0	365 0 0
After 24 years' service (including proportion of half-pay time)		*1 2 6	410 12 6
After 27 years' service (including proportion of half-pay time)		*1 5 0	456 5 0
After 30 years' service (including proportion of half-pay time)		*†1 10 0	547 10 0
Deputy Inspector-General		1 15 0	638 15 0
Inspector-General		2 0 0	730 0 0

* To obtain this rate an officer must hold the commission of Fleet Surgeon.
*† Or on compulsory retirement at the age of fifty-five.

It will be seen from the foregoing how much the warrant of 1879 has done to remove army grievances. The few that still remain may be briefly enumerated. There is first the selection to the highest posts by the Commander-in-Chief instead of by the medical head of the staff. Then there are the promotions for distinguished merit, which it is held ought to be special creations instead of being subtracted from the limited number of higher appointments. Then the crosses and orders are not as yet bestowed in anything like a fair proportion on medical men. The new order of merit, for instance, takes no cognizance of aught save actual physical exposure. Yet if we take everything into account, the grievances which can be now enumerated, by even the most discontented mind, are as unimportant as can be well conceived in this sublunary sphere of ours, where no institution, any more than any individual, can be said to have attained to perfection.

THE MILITIA MEDICAL SERVICE.

This was formerly a distinct service, but the Royal Warrant of 1876 decreed its gradual extinction. Still there are some thirty yet left in Ireland waiting for their final retirement. The pay of such as remain is, for Surgeon-Majors, £1 daily, and for Surgeons, 13s. 8d. during embodiment, preliminary drill, or training. The duties of these officials are so circumscribed as to entirely subordinate them to the regular army officers; even the small matter of examining recruits is taken out of their hands wherever one of the former is available. They receive a small allowance for the medical attendance on the permanent staff where a regular medical officer is not available, and also a small sum for examinations for discharges and appointments. Under the Warrant of '76, militia officers were divided into two classes, those who elected to be placed on a departmental list, and those who did not. Those who did not elect to go on the list were shut out from all the advantages of the Warrant of '76. Those who made the election were promoted to the ranks of surgeon and surgeon-major respectively, from those of surgeon and assistant-surgeon. The medical officers who did not elect to be placed on this list remained in exactly the same position as before. Exchanges are allowed. Full pay is allowed those

officers when on drill tour. There are no volunteers in Ireland, and there is little to be said in connexion with the medical service of those of England and Scotland. They are subjected to an examination, hold honorary rank, and receive a good amateur training. Civil medical practitioners are employed to take charge of troops wherever militia or military medical officers cannot be had. Their clients are mere birds of passage, however, from whom they may be divorced without a moment's notice. While in charge they are paid at the rate of £5 yearly for any number under ten, and £10 yearly for any number more than ten for every complete twenty-five or portion of twenty-five. The members of this expiring service bitterly complain of their being compulsorily retired without pay, pension, or gratuity of any kind. The grievance was brought under the notice of the House of Commons more than once, and Government could only reply that the law officers of the Crown declared that they had no claim either in law or in equity, and advanced as a solatium that they were allowed to hold office five years longer than the corresponding military officers.

THE WEST COAST OF AFRICA.

This is a sub-branch of the Army Service, as it were, and special privileges are bestowed on it on account of the great risks incurred. Some volunteer for this service and some specially pass for it; the ages of the latter may exceed eight-and-twenty years. Each year counts double, and the same applies to fractional parts of a year after the first year. Double pay is awarded while on the Coast. Leave of absence is granted at the rate of time equal to that spent on the Coast. Officers who enter expressly for this service are allowed to enter the general service after spending three years, or sooner, if invalided. Surgeons who are promoted while there may enter the general service with the same rank if they have been three years on that station.

INDIAN MEDICAL STAFF.

The regulations as to personal character, physical fitness, etc., are the same as for the home army. The examination for admission is the same, and so is the Netley training. Their position on the list of passed men is likewise determined by their preliminary and final examinations, and they receive choice of place accordingly. They are either provided with a passage to India, or they get money in lieu, and they must proceed within two months from the date of their final examination. They receive ten shillings a day until they embark, and are paid two months in advance.

1. Surgeon on probation, ranks as lieutenant.
2. Surgeon, as captain, according to date of commission.
3. Surgeon-Major, as major, according to date of commission, and after twenty years' service as surgeon, and surgeon-major, as lieutenant-colonel.
4. Brigade-Surgeon, as lieutenant-colonel, according to date of commission, or according to date upon which he completed twenty years' service, as surgeon and surgeon-major.
5. Deputy Surgeon-General, as colonel, according to date of commission.
6. Surgeon-General, as major-general, according to date of commission.

At the end of twelve years the first step in rank is gained by the promotion of surgeons to the rank of surgeon-majors.

Merit, however, may shorten the term of service, and in the hands of the Governor-General lies the power of recommendation. The higher promotions are all made on account of merit alone. Court appointments are made in this as in the home service, and the same step in promotion is attained thereby.

Half-pay time is not reckoned in counting for promotion.

Surgeon-Generals are not allowed to hold on longer than five years, but deputy-surgeons may hold on for a second term of five years, in the same rank, or spend the second five years, of course, in the higher rank.

A maximum of six months' sick leave is allowed, and the very liberal allowance of four months for transacting private business.

PAY AND ALLOWANCES IN INDIA.

These are as follows, but it must be observed that, when first appointed, they are only paid at the undermentioned rates from the date of their actual arrival in India :—

A.	Rank.	Pay per Month.		
		Rs.	A.	P.
	Surgeon under 5 years	286	10	0
	„ after 5 „	304	14	2
	„ „ 6 „	392	5	2
	„ „ 10 „	410	9	5
	Surgeon under 5 years' service, in charge of native regiment	450	0	0
	with 60 Rs. horse allowance in cavalry regiment.			
	Surgeon above 5 years' service, in charge of native regiment	600	0	0
	with 60 Rs. horse allowance in cavalry regiment.			
	Brigade Surgeon and Surgeon-Major—			
	after 12 years' service	640	14	6
	„ 15 „	677	6	11
	„ 20 „	852	3	7
	„ 25 „	888	12	0
	In charge of native regiment	800	0	0
	with 90 Rs. horse allowance in cavalry regiment.			
	Of 20 years' service, in charge of native regiment	1,000	0	0
	with 90 Rs. horse allowance in cavalry regiment.			
	Deputy Surgeon-General, two at	2,250	0	0
	„ „ „	1,800	0	0
	„ „ „	2,000	0	0
	Surgeon-General, Bombay	2,500	0	0
	„ Madras	2,500	0	0
	„ Bengal	2,700	0	0

There are various other appointments in the Civil and Military departments to which medical officers are eligible, and the salaries of which vary considerably. Surgeons do not receive the highest pay of their relative rank until they shall have passed an examination in Hindostani. The handsome allowance of 1,200 rupees per month is given for six months to retired officers of the highest grade, and 900 to those of the second.

They are then put on the following rates of pay :—

	Sur.-Gen.			Dep. Sur.-Gen.		
	£	s.	d.	£	s.	d.
B. After 30 years' service on full pay	2	5	0	1	14	0
„ 25 „ „	2	5	0	1	10	0
„ 20 „ „						
or on promotion of less than 20 years	2	0	0	1	8	0

One year's leave is granted after every five years' service in India. Each officer is allowed half his emoluments, and these are not to be less than £250 nor exceed £1,000 per annum. Two years' sick leave are allowed on medical certificate, but to entitle an officer to this he must have served two years. The higher grades receive six months' leave, if duly certificated, during their term of office. Indian officers are awarded the same distinctions as regards orders and pensions as those of the home army, and they are put on a level with combatant officers in regard to pensions for wounds and injuries, and for their widows and families. In addition, their widows and families are pensioned from a special fund to which all medical officers are obliged to subscribe.

C. Officers of the Indian Medical Service may retire on the following pensions if they have completed the required period of service :—

	£	s.	d.
After 30 years' service in India . . .	700	0	0
„ 25 „ „ . . .	500	0	0
„ 20 „ „ . . .	365	0	0
„ 17 „ „ . . .	292	0	0

Time of service for pension will be counted from the date of arrival in India, and the period of residence at the Army Medical School will also reckon as service for above pensions,

except for officers who have gone through the course at Netley as candidates for the British Army and Medical Service. A surgeon-general, after five years' active service in India in that rank, may retire on a pension of £250 per annum, in addition to what he is entitled to under the above scale. In each of these cases, six months' sick leave will count as actual service in those grades. The time during which a surgeon-general, or deputy surgeon-general, who has completed his term of service, and come under British pay, may reside in Europe, will qualify for higher pension. To maintain the efficiency of the service, all brigade surgeons and surgeons-major shall be retired at the age of fifty-five years, and surgeons-general and deputy surgeons-general at 60 years, except in any special case, where it should be for the good of the service that an officer should continue in employment, he may continue, if sanctioned by the Secretary of State for India, in council. An officer, retiring after twenty years' service and upwards, may receive a step of honorary rank (but no increase of pay) if recommended for it by the government of his presidency. Medical officers, not entitled to pension, who are unfit for duty after two years' sick leave, will be placed on permanent or temporary half-pay, after they are examined by the Medical Board at the Indian Office. The half-pay granted will be the British half-pay of the relative rank of officer.

Rank.	Relative Rank.	HALF PAY.	
		Per Day.	Per Annum.
Surgeon.. ..	Captain	£ s. d. 0 7 0	£ s. d. 127 15 0
Surgeon-Major.. ..	Major	0 9 6	173 7 6
Surgeon-Major of 20 years' service	Lieutenant-Colonel ..	0 11 0	200 15 0
Brigade Surgeon	Lieutenant-Colonel ..	0 11 0	200 15 0

Officers cannot retire on half-pay *in India*.

The Indian Army has its grievances like every other service.

Some of these are based on reason, while others are the outcome of the impossibility of satisfying everybody. Thus the amalgamation in 1880, of the English and Indian Administrative

Staffs, under which all administrative appointments were thrown open alike to the English and Indian Armies, created great dissatisfaction. A second order, issued soon after, improving their position in regard to civil appointments, removed the grounds for discontent and soothed their irritated feelings.

Medical officers in India have long complained that when travelling on duty they are obliged to pay their expenses ; and this, it must be admitted, is a reasonable grievance. Formerly when combatant officers wished to leave an English regiment in order to join a native one, they were also obliged to pay their expenses, but these they are now allowed. The only consolation the War Office has offered was the issue, in 1883, of a memorandum for intending candidates, putting forth so clearly the condition of service as to render it impossible that any charge of having been taken in could be again advanced. Notwithstanding the intentions of the War Office it does not appear that their instructional memorandum has entirely succeeded. A young surgeon, writing in one of the papers, alleges that he and his fellows were left under the impression that they would have close on £300 per annum with captain's rank on entering the army, and that this turned out a delusion when they were sent to India.

It seems that each only ranks for the first six years with the lieutenants and draws allowances accordingly ; so that he has less in the aggregate than the youngest subaltern receives at the first start. Five years additional service make him relatively worse off, for, if he were at home his pay would be increased by 58 rupees per mensem. There he receives only an addition of 18 per mensem. At home, too, he receives travelling expenses of 10s. per diem ; he not only gets no such allowance in India, but he has even to provide himself with tents and transports. Lastly, horse allowance is refused to him except when actually marching. All those have reason for their foundation. Formerly the unemployed pay in this service was less than that in the home service. This was brought under the notice of Parliament, and on February 16th, 1885, a special Indian Army Circular was issued to the following effect:—"From and after the date of issue, officers of this service when holding no specific appointment, are to receive the same rates of pay as those drawn by the Army

Medical Department." When holding an appointment they are to receive the consolidated pay of that appointment or unemployed pay (henceforth to be called "grade pay") with full or half salary or charge allowance under existing rules, provided the total be not less than the "grade pay" laid down in Article 301 Army Regulation, India. This "grade pay" was the "unemployed pay" formerly complained of. This remained in force only to the 16th May in the same year, when another circular was issued, under which the word surgeon was substituted for the word officer. This made a great difference. Under the former rule a surgeon-major, Indian Medical Staff, drew the rates of pay drawn by a surgeon-major, Army Medical Department, but under the "corrected" rule, even when holding a permanent charge, he draws less pay than a surgeon-major, Army Medical Department, if they are both above fifteen years' service. The subjoined table of rates of pay of the two services shows that the grievance increases by length of service, instead of diminishing.

Surgeon-Major	Indian Medical Service						Army Medical Service		
	Grade Pay			In charge of a Regiment			Grade Pay		
	RS.	A.	P.	RS.	A.	P.	RS.	A.	P.
Above 15 years' service	677	6	11	800	0	0	825	11	5
„ 20 „ „	852	3	7	1,000	0	0	1,056	9	7
„ 25 „ „	888	12	0	1,000	0	0	1,093	2	0

Surgeons who hold no executive appointments are placed on exactly the same footing as those of the Army Medical Staff. Thus "grade pay" comes to be restricted to executive officers who are in receipt of staff salaries in addition to their pay. Great complaint has been made of the position of brigade surgeons serving in India, and towards the close of 1886 a movement was set on foot for improving that position. These officers alleged that their duties and responsibilities were far in excess of the old surgeon-majors when the latter had charge of regiments. The memorandum put forward by them laid down (1) That they are always posted at the head-quarters of a division. (2) That they had charge of the station hospital

frequently in two or more sections. (3) That each now oftentimes performs duties formerly divided among several. (4) That they have to take the deputy surgeon-general's place during his absence on duty. (5) That they have to take his place when absent on leave, and that neither when the deputy surgeon-general is absent on duty or on leave, are any additional pay or allowances awarded to the brigade surgeon. One exception only there is to this, and that is when the leave of the deputy surgeon-general exceeds three months. Practically this memorandum states—the only recognition of a brigade surgeon's rank is that he wears a different uniform from the surgeon-major. Complaint is further made that when the pay regulations for this department were first promulgated, promotion to the administrative rank was five years quicker than it is now. Surgeons-major have, therefore, now to serve, printed regulations to the contrary notwithstanding, from 20 to over 30 years with but one small increase of pay, viz. :—37 rupees per mensem after 25 years' service. Further only 25 per cent. of them become brigade surgeons at all, inasmuch as they must produce (1) evidence of physical fitness to serve in any climate, (2) favourable reports, (3) eight years' foreign service at the least, (4) and they must pass a strict examination. The Journals ask for some recognition to the brigade surgeons of their position. They ask that their remuneration should be more in proportion to responsibilities than at present, and further suggest the sending out of brigade surgeons in excess of requirements.

The following new order was promulgated at the end of 1886, but, as it is not to have a retrospective effect, we have given the old regulations that have been affected by it in a previous part of this Article.

“THE MEDICAL DEPARTMENT OF INDIA.

“The Indian Medical Service administrative appointments are the following:—One Surgeon-General and Sanitary Commissioner, with the Government of India, 2,700 rupees ; one Secretary to the Surgeon-General and Special Assistant to the Sanitary Commissioner, with the Government of India, 1,200 rupees, rising to 1,400 rupees ; one Deputy Surgeon-General, with the

title of Inspector-General, Civil Hospitals, for Civil Medical Administration in Bengal, 2,500 rupees; one Deputy Surgeon-General, with the title of Inspector-General, Civil Hospitals, for Civil Medical Administration for the North-Western Provinces and Oude, 2,250 rupees; one Deputy Surgeon-General, with the title of Inspector-General, Civil Hospitals, for Civil Medical Administration for the Punjaub, 2,000 rupees; one Deputy Surgeon-General for Civil Medical Administration in the Central Provinces, 1,800 rupees; one Surgeon-General with the Government of Madras, 2,500 rupees; one Secretary to the Surgeon-General with the Government of Madras, 800 rupees consolidated. Surgeons-General with the Government of India, and with the Government of Madras and Bombay, will, in addition to performing Civil Administrative duties, be heads of the Indian Medical Departments in their respective presidencies. It will be their duty, among other matters, to propose transfers between civil and military departments; to recommend for promotion to administrative grades, and to advise Government on all questions relating to the admission of officers and subordinates to the Indian Medical Service; to conduct the services of Indian Medical Officers, of all grades, and to regulate the supply of medicines and hospital stores. The Surgeon-General, with the Government of India, will be entitled to receive any information he desires from Deputy Surgeons-General attached to local governments and administrations, and to communicate with these officers in regard to the operation of departmental rules and orders; but he will exercise no direct authority over these officers, who will be solely under orders of the local government of the administration to whom each belongs. Sanitary Commissioners of such provinces shall no longer, in virtue of their appointments as such, have the rank and privileges of Deputy Surgeon-General. This rule will apply to all officers appointed as Sanitary Commissioners after March 19th, 1886. Indian Medical Officers will remain as now military officers, those in civil employment being only lent to civil departments, and being liable to be called on for military duty in the event of their services being required."

It will be seen that it will do something towards preventing the higher appointments being improperly bestowed. Often undoubted shortness of hands prevents the Indian Service being

liberally dealt with in the matter of furlough and sick leave, but it is most unjust, at the same time, that the "charge pay" should be drawn by officers going on furlough or holding other appointments, while the party who actually discharges the duty receives only a modified allowance. Complaints have also been made of favouritism, from time to time, which are all the more keenly felt that the number of higher posts is now considerably less than it was. If we consider the risks run by officers in this service, few reasonable people will deny their claim to higher, instead of lower, relative status, better pay, higher pensions, travelling allowances, and to as good a "charge pay" system as are enjoyed by officers stationed at home. Finally, the excessive work which is sometimes thrown on them, and the strange silence of the reports of the higher medical officers respecting these exceptional services of their inferiors, inspire us with additional regret that all we can say for the pecuniary reward of our medical brethren of this service, is that while the pay of the home staff has been improved during the last six years, that of their comrades while serving abroad remains where it was twenty years ago.

THE NAVAL MEDICAL SERVICE.

This service, like its sister of the army, is under the control of a Director-General. Its ranks consist of four Inspectors-General, twelve Deputy-Inspectors, and 400 others under the titles of Fleet-surgeons, Staff-Surgeons, and Surgeons. The age for admission, and the personal qualifications, the diplomas, registration, and the conditions of examination are the same as those for the army. The results of the examinations are likewise determined by the practical subjects, but the young officer instead of being sent, as was formerly, and for some years the case, to Netley after his examination, is now sent to Haslar Hospital, where he receives a training very inferior indeed, to that which his predecessor received at Netley. The history of the Navy Medical Service is the counterpart of that of the army. Warrants were issued in 1859, '66, '67, '70, and '75, each intro-

ducing some fresh tinkering into the conditions of service, and removing some keenly-felt grievance. There is a history of the same dissatisfaction, the same struggles, on the part of the officers ; the same unreasonable conduct, the same blind resistance, and the same recurring breaches of faith on the part of the heads of the navy, as the sister service had to complain of. The outcome of all this was similar in both services. Years of suffering and effort have in this service also culminated in the more or less complete triumph of reason and justice. A brief enumeration of those grievances and struggles may perhaps be excused. The cabin accommodation afforded was inferior to that of lay officers of the same rank, and, in the case of officers on joining, was withheld altogether. They occupied a low grade with regard to prize money. They had to spend five years longer than in the army before they could be pensioned off. They complained of the pay. Promotion was slow because the higher places were few.

They received none of those allowances which were given to lay officers serving on shore. Like their brethren of the army, they complained that they did not receive a fair share of distinctions ; they grumbled about pensions, half-pay, and the strictness of the rule which interfered with voluntary retirement. One after the other these various grounds of complaint have, by successive warrants, been made to disappear. It has happened, however, that some of them were removed in former years only to be re-instituted. May we breathe a hope that nothing like this may be hereafter said of the Warrant of 1881, which, if loyally maintained by the authorities, and acted up to by the combatant ranks, seems destined to be the closing chapter in the history of class medical struggles in the navy. The provisions for promotion are as liberal as may be in a limited service. Deputy-inspectors are promoted to the highest rank, but subject to the conditions that they must have spent three years on foreign service, or five at home, or four between home and abroad. The deputies themselves are selected from the fleet-surgeons according to merit, while the fleet-surgeons are in turn promoted from such staff-surgeons as have completed twenty years' service. Two conditions are annexed, however ; that the twenty years must have been spent on full pay, and that

the party must be recommended by the Inspector-General. Distinguished merit may win the step without such a long probation, but to not more than six, however, is the privilege granted. Surgeons become staff-surgeons at the end of twelve years, provided they pass an examination at the end of eight years, and are recommended by the Director-General, and such surgeons become fleet-surgeons, if further recommended, at the end of eight years. Where a staff-surgeon is appointed for distinguished merit before the allotted period of twelve years, he is by a liberal arrangement allowed to take his fleet-surgeoncy at the end of the usual term. The number of staff-surgeons who can be promoted for merit is limited to eight, and they are required to pass the usual examination, though they may do so at once instead of at the end of eight years. Surgeons who fail to pass the examination for the staff on the first occasion, but who do so afterwards, are treated in the following manner:— They get the same seniority as if they passed at once, but their time for reckoning pay counts only from the date of passing. In those cases where the delay is not the surgeon's fault, the foregoing conditions are dispensed with. As regards relative rank, surgeons on entry had under the Warrant of '75 the same relative rank, and this is continued under the present Warrant, as paymasters, chief engineers, and naval instructors, thus ranking with lieutenants under eight years seniority. Fleet-surgeons take the same rank as brigade-surgeons. An allowance is given to the chief medical officer on board the vessel in which the Commander-in-Chief's flag is hoisted, and modest emoluments are allocated to the two naval lecturers at Haslar. Hospital allowances for fuel, servants, etc., are granted on a reasonable scale, according to the different ranks and the requirements of home and foreign service. Other expenses, such as lodging money, etc., are calculated at the same rate as for combatant officers. The two higher ranks are retired at sixty and the three lower at fifty-five years respectively. Officers can retire at the end of twenty years' full pay service either on pension or on gratuity. They may also retire, but on gratuity only, at the end of eight, twelve, or sixteen years' service, but great difficulty is thrown in the way of such retirements where officers are on active service at home or abroad. Surgeons wishing to resign at a period anterior to that in which

they are entitled to gratuity or pension, have as a rule no obstacles thrown in their way. Medical officers obliged to retire on account of injury or disease contracted by the discharge of duty, receive the usual pension, etc., no matter how short the service. When the impaired health has been merely contracted in, but not by, the service, he either gets, if he have spent over eight years' full service, a gratuity or such pension as the Admiralty think fit. In those cases where eight years' full service has not been spent, a gratuity is alone given, and this is calculated at the rate of £125 for each year of service. Where officers retire on other grounds than that of ill-health, without spending twenty years' service, they are allowed a gratuity only, on the scale laid down ; but eight years' full pay service must be spent to entitle them to this, and where such years have not been spent, the gratuity will be only on a lower scale. Misconduct is punished by reduced pensions and gratuities ; and distinguished conduct, on the other hand, finds its reward in a step in honorary rank on retirement. The nation continues to lay claim to the services of all retired officers, should a national crisis call for such. On the other hand, exceptional favour is shown to such officers in the bestowal of any shore appointments at the disposal of Government. The old grievance about cabin accommodation is got rid of by granting to medical officers cabins according to relative rank. Even the widows are not forgotten, and they receive pensions according to their husband's rank, unless where the husbands prefer to retire on gratuities. Lastly, the half-pay grievance has been modified by allowing time spent on such, to count one-third towards increased retired pay.

PHARMACY.

Pharmacy in these kingdoms has shared in the progress of the age, perhaps in some respects its pace has been too rapid. I imagine there is not a member of the faculty in the three kingdoms who does not complain that he is daily pestered with preparations and combinations designed to save trouble and achieve the unattainable. Much substantial progress has, how-

ever, been attained. The control of pharmacy is placed in the hands of the two Companies of Apothecaries, and the Pharmaceutical Societies for England and Ireland respectively. The two first bodies have developed into quasi-medical bodies. The English Hall was converted in 1815 into a Licensor of General Practitioners. Its Irish sister has no such warranty for its pretensions, and was indebted to a chance and improper vote of the Medical Council for a recognition which has certainly given a colour to them. Dr. Laffan tells us in his *Carmichael* that he has looked over the Act which established the Irish Hall in order to discover the foundation for its claims, and that he has done so in vain. We too have read its foundation statute and are enabled to endorse Dr. Laffan's statement. Mr. Collins, however, in his evidence before the Medical Commission, produced some old Acts, which give a colour to the pretensions of the Hall. More than one of those Acts empowers apothecaries to attend jails and prescribe for prisoners. Under others of them they can give evidence at inquests, certify lunatics, and even attend passenger ships. Nevertheless there is in the Act giving them existence, nothing whatever to make them more than mere pharmacists. The English Body had a good open presented to it by the folly of the London College of Physicians for assuming the role of a Medical Corporation, and so far it was not only entitled but bound to impose a regular curriculum on intending candidates for its licence. Examinations in medicine, surgery, etc., were reasonable enough for men who had to play the doctor, but that our Irish Body should exact such a curriculum could have but the effect which is fabled to have attended the presumption of the ambitious frog who would attain to the dimensions of the bull. The Irish apothecary gave promise of ceasing to exist, and the numbers of the fraternity dwindled down so low that the Legislature had to step in to provide the public with a class of persons who would discharge the work for which the others had become too grand. The examinations of these Bodies have been proved, however, before the Medical Commission to be little more than shams, and there is a general consensus of opinion in favour of their medical extinction. There is certainly no room for them now, and as they have paved the way for their own destruction, the pity accorded to them

will be that bestowed on all pretenders who have contrived their own extinction. The Pharmaceutical Society of Great Britain was founded in 1841, and chartered in '43: there are two grades—that of Member and that of Associate. There is a Council which governs, and the members are summoned from time to time to general meetings to assist them. A further advance was made in 1852 by the Act which established a register; the Body were empowered to prescribe a general course, and to examine candidates. The examinations of this Body are confined to Latin, botany, materia medica, pharmaceutic and general chemistry. They are prohibited from holding any examination in medicine, surgery, and midwifery. There are two or three grades established by the Act of '52. 1. Pharmaceutical chemists. 2. Apprentices, students, or assistants. Special provision was made that the profession of medicine and the calling of pharmacy are not to be combined, even temporarily, in the same person. A still further advance was made by the Pharmacy Act of 1868, then a lower grade was established which was denominated “Chemists and Druggists.” A brief conspectus of the examinations may be here of use: for the highest grade they are required to know Latin, arithmetic, grammar and composition at their preliminary examinations, while their professional examinations comprise the deciphering of prescriptions, doses of medicines, practical dispensing, with chemistry, materia medica, and botany. There are three examinations for testing in those various subjects. The second or lower grade have to pass the same literary examination, but the other subjects are lighter. A still lighter test is applied to those who seek to become assistants. In 1875 an Act was passed for Ireland, and a Pharmaceutical Society was established to take the place vacated by the Mary Street Corporation. Under this Bill we have a governing body consisting of a Council like the English one with corresponding powers and grades. These two grades of chemists divide with apothecaries the exclusive right to keep open shop, and to hold appointments in public institutions. The success of this Body has not been very remarkable, as the number of persons licensed annually is rather limited. Their examinations are more or less respectable; at first no curriculum was provided, but parties should merely be apprenticed; but

they have latterly required attendance on chemical lectures. There is of course a preliminary examination ; this consists of Latin, English, arithmetic, and the rudiments of chemistry and botany. The qualifying examination, for which the candidates must have attained the age of twenty-one years, and have been bound for two years, includes botany, pharmacy, materia medica and chemistry ; a fee of five guineas is charged for this. A deputation from this Body recently waited on the Dublin Castle authorities with the view of facilitating the establishment of a lower grade of licensed druggists, who would take the sale of the more dangerous drugs out of the hands of country shop-keepers, and over whom some kind of control might be exercised. So far nothing has come of this. Dr. Laffan discusses largely the attitude of the chemists towards medical practitioners, but as they are fully discussed in another part of this work detailed comments on those relations are not called for here. It is but too true that these chemists are travelling over the same ground that the apothecaries went over before them ; they are fast developing into medical practitioners, and during the process of development, are of course robbing us of many of our clients. The attitude of chemists and apothecaries grows more and more that of rivals. Dr. Laffan strongly advances the view that this class should never have been allowed to organize an independent association, but should have been made the mere hand-maids of some Medical Corporation, which he would invest with full power of control over them. There is something to be said for this view of the case. Under its realization the chemist might be kept within his own sphere, but then it is quite conceivable also that his fate might be that of all bodies in leading-strings, viz. :—one of gradual blight and extinction. In conclusion, we would observe of chemists and doctors, that as they occupy domains that meet at points, so we may expect the mutual invasions, which are the invariable attendant on close neighbourhood ; nor do we deem it possible entirely to prevent them. There will be always chemists who must prescribe for small complaints and perhaps will prescribe for big ones. There would be other chemists, too, who will make a distinct foray across the border, and these may be occasionally scotched, but certainly not killed. Many medical men, on the other hand, will continue to

be placed in circumstances which will oblige them to undertake the drudgery of compounding. From all that the writer can hear, this is an office which in many cases yields more trouble than profit, and if this information be at all correct the advantages clearly do not counterbalance the drawbacks. The pure compounder beyond doubt does his work better and gives better drugs. The physician, on the other hand, is all the better for being confined to his proper sphere. Pharmacy has gained materially by the establishment of the twin societies. It is destined to gain still more in the future from the same Acts; and we are not sure that any contrivance which the Legislature might, not to talk of would, contrive would introduce a perfectability into the relations between the head and the handmaid of the healing art which does not exist in those of other border classes.

CORONERS.

Quite a number of Acts mark the stages of development of these officers. The only one which now regulates the office in Ireland is the Act passed in 1881. Under it, attorneys, medical practitioners, and J.P.'s are alone eligible; a fixed salary is given, and the £50 property qualification is abolished. The polling is limited to a single day, and the parties entitled to vote are those who exercise the same privilege for a member of Parliament.

Coroners must be resident in their districts, but they may be absent for twenty-eight days every year, and for a longer period if ill. Each is coroner for the entire county, and may do duty for a brother, in the unavoidable absence of the latter. For this he receives a special fee over and above his salary. Provision is made for cases where no coroner is forthcoming, for in such two magistrates can take the place of a coroner.

Inquests are prescribed to be held in cases of sudden death where bodies are found dead, or where death occurs under suspicious circumstances. The coroners are notified of each case

which seems to call for an inquest, by the police, who are now perfectly untrammelled in their discretion to notify them. A case has occurred where a necessary inquest was not held in consequence of the police having notified the coroner by letter instead of by hand, as was formerly the custom. The emoluments of coroners are somewhat improved, as they now get a fixed annual stipend and they are allowed mileage both ways. The salary is calculated at the rate of two pounds for each inquest held during the last five years. The coroner is aided by a medical witness, who must be some party practising at or near the scene of the inquest, and a second witness must be brought in if the jury require it. While medical witnesses in general receive a guinea for their services, and even two if they make a *post-mortem*, medical officers of public institutions must give their evidence without fee, in the cases of persons dying within those institutions. There is an exception to this unfair rule, for army hospital doctors have been held to be entitled to inquest fees. These fees, though they used to be sometimes disputed by the grand jury, are now paid as a matter of course, as are also fees to witnesses, and the other minor expenses attending these inquiries. It will be seen that this Irish Act of '81 takes no note of the contention so frequently raised by the profession, that all coroners should be medical men. A combination of medical and legal knowledge is so necessary for a coroner, that no mere physician should hold the office, unless provided with a special training; nor should any non-physician be allowed to hold it, unless provided with a medical assessor. Medical witnesses confessedly fail occasionally to shine in that department—nay, shall we say, to acquit themselves decently in it. Students have too much to learn to be able to learn much which would qualify them for this specialty. With the improvements now going on in the education of the profession, we shall soon see an end of crass incompetence at all events. It is only the other day, however, that a young practitioner, who had been just elected to an Irish dispensary, helped to acquit a murderess by swearing that a fractured skull, which the unhappy woman had herself inflicted, might have been caused by child-birth.

Here, at all events, was no great testimony to the improvements of the age. Expert evidence is plainly required before

Courts, and under the existing *régime* there is no encouragement to cultivate it. The County Officer of Health of the future might find time and training to undertake the *rôle* of expert, or the same duty might be properly prepared for by the Union Superintending Officer of Health. Dr. Laffan has some very useful suggestions to throw out on the subject of *post-mortems*. These he considers should be compulsory in every case. He will get most people to agree with him if the limitation be added, "when the mischief is not purely and solely external." The suggestion has been thrown out, that inquests should be universal and compulsory in the cases of children under three, and in all cases unattended by a legally qualified practitioner.

Medical Witnesses and their Fees.—There is considerable dissatisfaction in the profession with regard to the paying of medical witnesses in Ireland. The scale was fixed by the Privy Council in '82. A memorial was presented to the Irish Viceroy by the Irish Colleges of Surgeons and Physicians, and the Irish Medical Association, praying for more liberal treatment for witnesses. They asked £2 2s. per day where the evidence was to be given on the spot, and £3 3s., with travelling expenses, and £1 1s. subsistence money for each night out, where the evidence was required at a distance from home. This demand was based on the grounds that too rigid a scale would exclude high-class evidence. The memorial went on to allege that, with such a hard-and-fast rule applied to civil cases, great injury would be done to many litigants, inasmuch as it would practically prevent them from engaging experts, since if such were engaged they would not be allowed their fees afterwards in the costs. A reply was received to the memorial, refusing to accede to its prayer, on the grounds that the scale was higher than the English one, and having been fixed by a Departmental Committee, could not on those grounds be altered. The following is the English scale as quoted in his Excellency's reply. Ten shillings and sixpence are allowed where the distance is only two miles from the doctor's house. A sum of £1 1s. is allowed where the distance exceeds two miles, with mileage at the rate of 3d. per mile each way. A fee of £1 1s. for attendance at assizes and quarter sessions is allowed in England, even where the whole day has to be spent out, and but 2s. 6d. is allowed for night money.

The *Medical Press*, in commenting on the above, admits the right of the Crown to fix the scale in criminal cases, but controverts the right of anyone to arbitrarily fix it in civil cases. It observes that the Irish Viceroy almost exclusively took note of the scale of payment in Crown cases, and it objects to a limitation of fees for services rendered to private persons; who, it observes, ought to be left to pay to medical witnesses whatever the value of their skilled testimony may be. We can only say, that if the experience of Irish rural doctors be at all comparable with that of English ones, they will be found to get much more money out of the public through such rules than without them.

ADMIRALTY SURGEONS.

Among the appointments open to medical men is that of Admiralty Surgeon. Their pay and position are, for the most part, unimportant, but in anything like a complete survey of the profession they deserve passing notice. Their duties are, briefly, to attend to any sick officer or sailor that may be sent to them from afloat. They are also to attend sick coastguards-men, whether on shore or sent to them from afloat.

Some few medical men in England make a respectable addendum to their income by these appointments.

Nearly all these appointments are held by dispensary doctors, and the total number of individuals under their care reaches about 15,000.

CERTIFYING FACTORY SURGEONS.

These are appointed by the Chief Inspector of Factories from among physicians and surgeons practising near factories. Their duty is to examine all persons for surgical certificates required by the Factory Act. They are likewise to visit the factories from time to time. The inspector fixes the fees which are to be paid by the factory occupier, and also the times of visits provided he be required to fix such fees and visits by the occupier of the factory. This last is a very strange proviso, and has had the effect of reducing the whole thing, in many instances, to a farce. In the case of smaller factories, Government pays a small sum for the inspection of accidents where such occur.

MEDICAL INSPECTORS OF SEAMEN.

At some ports physicians, or other licensed practitioners, are appointed to examine men applying for employment in the Merchant Service. They are appointed either by the Local Marine Board, or by the Board of Trade, and the fees are settled by the latter Body.

PRISON SURGEONS.

These are a number of surgeons who are appointed by the Secretary of State. Surgeons to prisons abroad are usually appointed by the Colonial Secretary. Every gaol has its appointed surgeon, whose salary, however, varies. Prison surgeons are pensioned off at the end of twenty years' service, provided they are sixty years of age. They may be pensioned at an earlier period on account of confirmed sickness, age, or for injury contracted in the execution of duty. Two-thirds of the salary and emoluments are usually allowed as pension. The 40th and 41st Victoria, cap. 53, regulates the status, etc., of the Scotch prison doctors, and the 40th and 41st Victoria, cap. 49, does the same for the Irish, while the English are regulated by cap. 21. The officers of this service oftentimes complain of the discourteous manner in which orders are frequently communicated to them. It was a great object of public desire that the medical element should be represented in the general governing body, and that there should be some system of medical inspection. Both these objects have since been partially realised in Ireland. The Act of 40 and 41 Victoria paid rather scant attention to the vested interests of officers previously employed. The general position of these surgeons is entirely too much under the control of Government; this, of course means that they are too much under the thumb of lay officials, and, looking at the place they occupy as the sole buffers between helpless prisoners and possibly vengeful authorities, this ought not to be.

DENTAL SURGERY AND DENTISTS.

These scarcely come under the head of the Medical Profession. Yet, as they touch its fringes and are now under the government of the Medical Council, they seem to call for passing notice. The Dentist Act gave them a register which, a generation hence, will be of some value to themselves and to the public. At present it is filled with hosts of individuals who never received any training, some of whom have worthless diplomas, whilst others have no diplomas at all. The legitimate dentists complained of the great laxity of the Medical Council in filling up the register, and remonstrances, backed up by legal opinion, were addressed, but in vain, to that Body. Great indignation arose in consequence and on the very threshold of affairs, a striking illustration was afforded of the inconvenience of handing over the government of one body to that of another, even though an allied one. Still it cannot be denied that the Act will benefit both the dentists and the public. The Surgical Corporations now give diplomas which, in time, will become respectable, and considerable activity has been displayed in improving the educational facilities at the disposal of dentists. London possesses two dental schools of considerable merit. An hospital constitutes the basis of each.

Edinburgh and Glasgow have likewise their respective school and hospital; Dublin has no less than three hospitals, with one of which a good school is connected.

Birmingham, Exeter, Liverpool, Newcastle and Plymouth possess a dental hospital each. Several dental societies are to be found in the Three Kingdoms. Two of these have their habitat in London: The British Dental Association and the Odontological Society of Great Britain. Three or four are to be found in the Provinces:—viz., The Eastern Counties Dental Association, the Midland Odontological Society, and another Society in Sheffield. Edinburgh and Glasgow have each their respective Society.

In conclusion, I think it would be better for the interests of the dentists and more consonant with the dignity of the Medical Profession if the former were allowed to govern themselves.

Sooner or later either this will have to be done, or a claim,

which cannot be ignored, will be raised by dentists for a seat on the Medical Council. The fact of any given individual holding in his own person the diploma of surgeon and that of dentist need not, of itself, interfere with mutual self-government. I foresee complications arising every other day as the outcome of the present state of things, and that before another Carmichael is written proceedings for a divorce will be pending.

CONTAGIOUS DISEASES ACTS.

Since the date of the last Carmichael these Acts have ceased to exist. Ignorant clamour has triumphed over the voice of the profession. The public proved once more how easily they are caught by cries. The subject, however, has no direct connection with the scope of this work. Mention of it is only useful as showing how comparatively impotent the profession is in matters on which its opinion ought to count supreme. The outcome is a mirror in which we can see our own prostrate state, and a significant hint to us to re-organise our forces and remove all causes of weakness. Nothing could be clearer than the verdict of the profession, nothing less demonstrated than any injury to public morals, and yet that medical verdict had scarcely more weight than if it had not been given at all. The lesson is clear, and unhappily it is but one out of many which have been offered for our conning over. Let us hope that the union and strength and moral influence, which nineteen distracted and interested Licensing Bodies have miserably failed to place at our disposal, may yet be brought about by a Representative Council, which shall be a true parent as well as a true Parliament to the whole profession.

VIVISECTIONS.

As if the profession in this country were not already sufficiently inferior in the paths of experimental research, to their brethren of France and Germany, the State must step in to afford one other convincing proof of its entire want of touch with us.

Instead of richly endowing schools of research and handsomely rewarding those of us who might take up that line, it has adopted quite the opposite course, and deems its duty best accomplished when it throws every obstacle in the way. The prosecution of

one of the very few very able investigators in England was a notable triumph for fanaticism; while the continued exodus of ardent votaries of the experimental method to more favoured lands, is an ever recurring source of humiliation and shame. Here, too, the remedy is only to be found in an increased moral influence, which can only come from the elevation of the whole profession.

HABITUAL DRUNKARDS.

The success which has attended the isolation treatment of what we shall designate as Alcohol Madness, encouraged many intelligent persons to attempt to secure the benefits of that treatment for these countries. In these attempts, however, they were unsuccessful. All their efforts were opposed in the name of liberty, and, notwithstanding the professional consensus in their favour, the sole outcome of their labour was the halting and imperfect Act which now encumbers the Statute Book. That it has done some good there is no gainsaying; but that falls miserably short of what a compulsory measure would accomplish. Here, too, we must look for the spread of light through the improved education and solidarity of our profession.

LONDON SCHOOLS.

It is a great grievance to London students that they have to go elsewhere for their degree of M.D. There was a time when the simple and ancient title of "Dr." was not valued in England, but that time has gone by. There is now a widespread feeling in favour of a return to the ancient and time-honoured designation.

The attempts, referred to in other pages, to convert the Examining Board, called the London University, into a teaching or *bonâ fide* university, were largely inspired by this feeling.

The practical failure of these attempts might easily have been foreseen. It did not require the recent revelations of the Medical Council's visitors to prove that the knowledge of the men turned out in the London Schools is, to say the least of it, not inferior to that possessed by the owners of the most coveted M.D. titles.

Nay, would any impartial person, after reading the report of these visitors, put them even on a level ?

Yet, though they have to pass respectable preliminary examinations ; have to go through a prolonged course of study ; have at their disposal the most magnificent opportunities in the Three Kingdoms, and are subjected to examinations which do not call for the caustic criticisms bestowed upon several university examinations ; still they cannot obtain the same honourable title that crowns the course of their brethren elsewhere.

The London Colleges of Physicians and Surgeons have taken this matter up warmly ; and their attempts to procure a title, at once ancient, intelligible, and merited, for their examinees deserve the hearty approval of every reasonable person.

We will now take up the schools *seriatim*, and give a brief outline of each.

ST. BARTHOLOMEW'S HOSPITAL.

This is one of the largest hospitals in the United Kingdom, comprising a service of 710 beds ; 227 are allotted to the medical cases, 322 to surgical cases, 26 to ophthalmic diseases, 20 to diseases of women, and 16 to syphilitic cases. The hospital receives within its walls about 6,000 patients every year, and the out patients amount to more than 140,000.

There are four house physicians and ten house surgeons appointed annually ; there are also one ophthalmic and one midwifery resident appointed half-yearly.

A large number of clinical clerks, surgical dressers, obstetric clerks, and clerks and dressers in the special departments, are appointed annually.

For some of these, fees have to be paid ; and the number is certainly beyond that for which any conception of the teaching powers of the hospital could be supposed to afford *pabulum*. The staff consists of twenty-two physicians and surgeons, with six consultants. Lectures are delivered, in the Medical School, on. Medicine, Surgery, Descriptive Anatomy, General Anatomy and Physiology, General History, Chemistry and Practical Chemistry, Materia Medica, Midwifery and Diseases of Women and Children, Botany and Forensic Medicine, Hygiene, Comparative

Anatomy, Pathological Anatomy, Ophthalmic Surgery, Dental Anatomy and Surgery, Psychological Medicine; with clinical lectures on Medicine, Surgery and Midwifery, and Diseases of Women ; given during the summer months.

There are also special classes in midwifery, morbid anatomy, diseases of the skin, orthopædic surgery, diseases of the ear and eye, practical anatomy, practical physiology, operative surgery and physics.

Two open scholarships, value £130 each, are given, tenable for one year. Other exhibitions, prizes, medals, etc., to the value of £600, are also given.

The fee for attendance amounts to, in one payment, £125 but if paid in three instalments it amounts to 132 guineas. The fee for dental surgery is 63 guineas.

CHARING CROSS HOSPITAL.

Twenty-seven lecturers are attached to this school, and the students are prepared for the preliminary scientific and intermediate science examinations of the University of London. A physiological and a chemical laboratory are open each day.

Scholarships to the value of £50 are offered yearly. This school pays a great deal of attention to tutorial instruction. All appointments are open to students without additional fees. The fee for the entire course of lectures is £91 7s., payable in four instalments.

ST. GEORGE'S HOSPITAL, MEDICAL SCHOOL.

The appointments of house physicians and house surgeons, of which there are four, tenable each for one year, are awarded by competition, and no charge is made by the governors of the hospital for board or residence.

Prizes and medals to the value of £260 are offered to students.

Clerkships and dresserships and all minor appointments are given without extra fees.

The fees here are £130, payable in three instalments ; the fee for Dental Surgery is £55.

GUY'S HOSPITAL.

The hospital staff consists of thirty-three members. Lectures are given on Medicine, Clinical Medicine, Surgery, Practical Surgery, Clinical Surgery, Lectures on Midwifery and Diseases of Women, Morbid Anatomy, Cutaneous Diseases, Anatomy (Descriptive and Surgical), Practical Anatomy, Physiology, Practical Physiology, Practical Pharmacy.

Special classes are held in the hospital for students preparing for the examinations of the University of London and the College of Surgeons. The students have the use of a museum of anatomy, pathology, and comparative anatomy, containing 11,000 specimens and 4,500 drawings, and a very large selection of skin diseases amounting to 600.

All the junior appointments, of which there are a great number, are selected by merit alone.

One open scholarship of 125 guineas, in classics, mathematics, and modern languages ; also one open scholarship of 125 guineas in chemistry, physics, botany, and zoology, are offered to students. A number of scholarships, varying from £10 to £50, are offered to students for proficiency in medical studies.

In the lying-in charity in connection with this hospital, about 2,500 cases are annually attended by students.

The fees are 125 guineas on entrance, or three instalments of £50, £50, and £37 10s. Dental fee, 63 guineas.

KING'S COLLEGE HOSPITAL.

The courses comprise lectures on Anatomy, Physiology and Practical Physiology, Chemistry and Practical Chemistry, Medicine (principle and practice), Clinical Surgery, Botany, Materia Medica and Therapeutics, Obstetric Medicine and Diseases of Women and Children, Forensic Medicine, Comparative Anatomy and Zoology, Pathological Anatomy, Hygiene Dental Surgery, Ophthalmology and Physiological Medicine.

Students are prepared for the preliminary scientific and medical examinations of the University of London.

Five medical scholarships are awarded at the close of each

winter session, for proficiency in professional subjects, viz.:—One of £80, one of £30, and three of £20. Also three other scholarships; two of £75 and one of £50, for proficiency in Divinity, Classics, Mathematics, History, English, Botany and Natural Philosophy, are offered to students.

Two registrarships of £50 each, tenable for two years, are annually awarded.

A £40 scholarship is offered for proficiency in Chemistry.

Two science exhibitions, one of £100, the other £50, are awarded to students.

There are endowed prizes of the annual value of £25, £15, £10 and £4 4s. each; also college prizes of £60 in value. The fees, if paid in one sum, are £125; if by instalments, £135; for dental course, 95.

LONDON HOSPITAL.

The hospital staff of lecturers comprises twenty, and the following are the subjects lectured upon:—Medicine, Surgery, Operative Surgery, Practical Surgery, Anatomy, Practical Anatomy Physiology and Practical Histology, Chemistry, Chemical Physics, Comparative Anatomy, Pathology, Midwifery, Toxicology, Medical Jurisprudence, Botany, Practical Chemistry, Materia Medica, Diseases of the Eye, Ear, and Throat, Anatomy and Pathology of the Teeth.

The hospital contains nearly 800 beds, and the number of in-patients, during 1882, was 7,798; and the out-patients numbered 62,437.

The resident and other hospital appointments are free to full students.

Two entrance scholarships in Natural Science, value £60 and £40; and two scholarships in the subject matter of the preliminary examination, value £30 and £20, are offered to new students.

A scholarship, value £20, in Human Anatomy and Physiology, to first year's students. A scholarship, value £25, is offered in Anatomy, Physiology and Chemistry to second years' students. Also, a scholarship of £20 in Clinical Medicine, a scholarship of £20 in Clinical Surgery, and one of £20 in Clinical Obstetrics, are given.

The prize of £30 is given for proficiency in Chemistry. The general fee is 90 guineas in one sum, or 100 guineas in three instalments, and this includes both hospital and school attendance.

ST. MARY'S HOSPITAL.

This school is conducted by a staff of twenty-seven lecturers. There are five resident medical officers, who are selected according to merit alone, and the perquisites of whose offices amount in the aggregate to £200 a year.

Two Demonstrators of Anatomy are appointed annually, with a salary of £70 and £50 respectively ; also a Demonstrator of Physiology and a Medical Tutor, who each receive £100 a year. A Demonstratorship in Pathological Anatomy of £15, tenable for six months. Four open scholarships in Natural Science, each of the value of £50, are awarded annually. Entrance scholarships are offered at the end of each year, of the value of £20, £25, and £30 ; and prizes ranging from £2 to £5 are also awarded.

In one payment the fees are £119, and by instalments £125.

A maternity department and special one for the ear, eye, skin, and throat, are attached to the hospital.

THE MIDDLESEX HOSPITAL.

The medical staff consists of eighteen practitioners, and the course of lectures comprises :—Principles and Practice of Medicine ; do. of Surgery, Physiology, and General Anatomy, Chemistry, Pathological Anatomy ; Clinical lectures on Medicine, Surgery, and diseases peculiar to women and children, *Materia Medica* and Therapeutics, Midwifery, Medical Jurisprudence, Botany, Practical Chemistry, Practical Psychology and Histology, Public Health, Psychological Medicine, Dermatology, Comparative Anatomy and Zoology, Clinical lectures on diseases of the eye, Practical demonstration on diseases of women and children, and on diseases of the throat and ear.

There are special departments in the hospital for cancer. The resources of a large library are so freely open to students

that they can even take the books home with them. There are nine resident clinical appointments open to students of the hospital annually. Two entrance scholarships of £25 and £20, tenable for two years, a science scholarship of £50, and two others of £30 and £20, tenable for two years for proficiency in clinical knowledge, are offered.

A scholarship in connection with the University of Aberdeen is awarded every third year.

A medal, value five guineas, is offered annually for second year students. An exhibition of 10 guineas is open to students at the end of their first year.

A prize of 20 guineas is annually given to the student who, at the end of his third winter, not obtaining a Broderick Scholarship, shall pass the best clinical examination. Class prizes are also given.

Fees—90 guineas in one payment; or in four instalments, £105.

Clerkships and dresserships are awarded without fees; and the clerk or dresser of the week dines at the board-room table to have an opportunity of seeing accidents admitted in the evening.

ST. THOMAS' HOSPITAL.

Lectures are delivered on the following subjects:—Medicine, Clinical do., Surgery, Clinical do., Pathology, Descriptive Anatomy, General Anatomy and Physiology, Ophthalmic Surgery, Chemistry, Practical do., Midwifery and diseases of women and children, Physics and Natural Philosophy, Materia Medica and Therapeutics, Forensic Medicine, Morbid Anatomy and Practical Pathology, Botany, Comparative Anatomy, Mental diseases, State Medicine.

Two entrance scholarships of £100 and £50 respectively open to all first year students, are offered for competition.

Examinations are held in Chemistry and Physics; with Botany or Zoology at option of the candidate. Other scholarships are offered to the value of £200 for proficiency in various subjects.

Special classes are held throughout the year for the Matriculation, Preliminary, Scientific, and Intermediate M. B. Examinations of the University of London.

All hospital appointments are open to students without extra charge. Fees may be paid in one sum or by instalments.

UNIVERSITY COLLEGE.

The usual hospital appointments are given to the students without charge. Students are prepared for all the examinations of the University of London. The scholarships and prizes are particularly attractive. They amount to a total money value of £300 a year, and are divided over the various subjects of the curriculum in a manner the most advantageous to the students. Several medals are likewise given, and the total fees for the hospital amount to £130, with a discount of £5 for prompt payment.

WESTMINSTER HOSPITAL.

This hospital contains separate departments for diseases of women, of the eye, ear, skin, and throat. An anatomical museum is daily open. In addition to the practice of the hospital, pupils who enter for the whole period of medical education, may attend, without further fee, the practice of the Royal Westminster Ophthalmic Hospital and of the Royal Hospital of Paralysis.

Scholarships, prizes, and appointments of the aggregate value of £226, are awarded to pupils annually.

The usual appointments are made free of charge. The fees of this school and hospital, for the whole curriculum, amount to only £100.

WEST LONDON SCHOOL, HAMMERSMITH.

This school has been established with a view to give preparatory instruction to intending students of the hospital, for the period of one year, in the following subjects, viz.:—Osteology, Physics, Pharmacy, Chemistry, Materia Medica, Botany, and Elementary Physiology.

The hospital contains 101 beds, and has an annual attendance of in-patients to the number of 1,200, and of out-patients to the number of 14,000.

Fees, payable in advance, are for the complete course, which includes one year's hospital practice, 25 guineas.

All extra sessions have to be paid for as well.

SCHOOL OF MEDICINE FOR WOMEN, HENRIETTA STREET.

Courses of lectures are delivered in all the subjects included in the Medical Curriculum. A large dissecting room, with laboratories and library, are at the disposal of the students.

Clinical lectures are delivered regularly at the Royal Free Hospital, which is connected with the school.

There is an entrance scholarship offered, and a scholarship of £50 for five years, is offered to ladies intending to become practitioners in India. The fee for hospital practice is only £45.

HOSPITAL FOR CONSUMPTION AND DISEASE OF THE CHEST, BROMPTON.

This is the largest hospital, of its sort, in the United Kingdom. It contains 329 beds. The staff consists of twenty-two members. There are a few resident medical officers, and pupils are admitted to the practice of the hospital on payment of small fees.

CITY OF LONDON HOSPITAL FOR DISEASE OF THE CHEST, VICTORIA PARK.

This hospital contains 164 beds, and is one of very great importance.

ROYAL HOSPITAL FOR DISEASE OF THE CHEST, CITY ROAD, E.C.

Out-patients are treated annually, to the number of 6,000 ; it contains forty beds.

(GOLDEN SQUARE, N.) HOSPITAL FOR DISEASE
OF THROAT AND CHEST.

Lectures on the use of the Laryngoscope are delivered daily.

The hospital contains twenty-one beds, and has outposts at five different places. Students are allowed to practise on payment of a fee, for a three months' course, of £3 3s. ; five guineas for six months, or seven guineas for a perpetual course.

CENTRAL THROAT HOSPITAL, GRAY'S INN ROAD.

This has, in addition to the surgical staff, six competent clinical medical practitioners who act as assistants.

It contains twenty beds. Fees for three months, two guineas, or for six months, three guineas.

HOSPITAL FOR SICK CHILDREN, GREAT
ORMOND STREET.

The hospital contains 173 beds. Fee, five guineas. The hospital is free to London students under certain conditions.

THE HOSPITAL FOR WOMEN, SOHO SQUARE.

Regular clinical instruction is given daily by a number of competent physicians. It contains sixty-one beds, and has a number of out-patients.

BRITISH LYING-IN-HOSPITAL, ST. GILES'.

This hospital is only for women who want to become midwives.

There are twenty-five beds. Competent women are enabled to practise midwifery, having first secured a certificate from the physicians. A ten guinea fee is required for a three months' course.

THE SAMARITAN FREE HOSPITAL FOR WOMEN
AND CHILDREN, LOWER SEYMOUR STREET.

Has a well organized staff, with ample accommodation for clinical study, and contains fifty-two beds.

MOORFIELDS—ROYAL LONDON OPHTHALMIC HOSPITAL.

The out-patients are yearly 20,000. Operations are performed daily, and three surgeons attend on each day. Students are admitted to the practice. Fees, £3 3s. for six months; £5 5s. perpetual, with admission to demonstrations and lectures.

House surgeons, etc., are filled up by students as in other hospitals. It contains 100 beds.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.

The patients, who number 10,000 annually, are seen daily and operations performed. The practice of the hospital is open to students. Fees £3 3s. for six months, or £5 5s. perpetual. Special demonstrations and lectures during session. Students are eligible to be appointed as house surgeons, etc., etc.

LONDON FEVER HOSPITAL, ISLINGTON.

This hospital has 180 beds.

GREAT NORTHERN HOSPITAL.

This small, but excellently appointed hospital, contains thirty beds, with a good attendance.

BETHLEHEM HOSPITAL.

Admits two resident medical students, who have recently obtained diplomas to practise medicine and surgery regarding the insane.

ROYAL FREE HOSPITAL, GRAY'S INN ROAD.

This is the most important of the minor metropolitan hospitals.

The students at the London School of Medicine for women take out their medical and surgical diplomas here. Clerkships and dresserships are held by the students. It contains 130 beds. The fees are £20 at entrance, and £15 each year after.

Apart from the hospital is the School of Medicine.

Total fee in one payment £80, or by three instalments £85.

LONDON SCHOOL OF DENTAL SURGERY.

Lectures are delivered on Mechanical Dentistry, Dental Surgery and Pathology. The medical tutor holds classes before each examination. The demonstrator attends daily ; and, where practical, gives demonstrations, especially intended for junior pupils, of the operations performed in dental surgery.

A scholarship of £20 per annum and prizes are open to competition.

NATIONAL DENTAL COLLEGE.

This College is of recent construction, and is connected with the National Hospital.

Complete lectures are given on each course, and prizes are awarded at the end of each session.

The total fee, including special lectures and hospital practice, is £25 4s.

LONDON SCHOOL OF PHARMACY.

Lectures are delivered on Physics in relation to Chemistry and Pharmacy, Inorganic Chemistry, Organic Chemistry, Botany and Materia Medica.

The laboratories are open on every day of the week from ten o'clock till five, except on Saturdays, when they are closed at two o'clock. Fees for ten months vary from twelve to twenty-five guineas according to hours of attendance. Each student is expected to attend every lecture of the course for which he has entered, and when absent to state the cause to his professor or assistant.

SOUTH LONDON SCHOOL OF PHARMACY.

This school is the more popular of the two. It has accommodation for 120 students. Together with the usual courses of lectures, instruction is also given in Analytical Chemistry.

The lectures are delivered daily ; and each student is required to illustrate the subject taught by the lecturer. The great

percentage of the pupils passing the examinations proves the high quality of the teachers, and gains for it its great popularity. We agree with the remarks contained in a former essay as to the inferiority of pharmacy in these countries as contrasted with some foreign ones. Time has not yet been given for the new organization of pharmacists to produce results. There is, however, a growing number of English houses which turn out preparations not much inferior to the most finished ones of the Parisian schools.

MR. THOMAS COOKE'S SCHOOL OF ANATOMY AND PHYSIOLOGY.

COOKE'S SCHOOL.

This school is intended to meet the requirements of two distinct classes of students, viz. (1) advanced students and qualified practitioners who may wish either to extend their knowledge of the various subjects, or to recall to mind what they once knew, but have since forgotten. (2) Beginners, entering upon their medical studies by a short term of apprenticeship. For the former the whole course is gone through in three months; and for the latter, when required, more elementary classes of six months' duration are formed.

PROVINCIAL MEDICAL SCHOOLS, ENGLAND.

BIRMINGHAM—QUEEN'S COLLEGE.

A prize value £20, and two scholarships are offered to students of this school. Other scholarships of the value of thirty guineas are offered yearly.

The orphan sons of former students of the Birmingham Medical School have priority of election to some of those scholarships. One or more Queen's scholarships are also offered annually, value thirty guineas, held for three years, subject to good behaviour.

BIRMINGHAM—MASON'S COLLEGE.

This splendid Institution was endowed by the founder for the spread of scientific work. It has an eminent staff of Professors ; and every facility is provided for intending students to prepare for the higher University Degrees.

The fees for each course of lectures vary from one to three guineas for the whole.

BRISTOL SCHOOL OF MEDICINE.

This school is affiliated to University College, Bristol. Its students enjoy the advantages which are afforded by an intimate connection with two large Colleges. There are the usual tempting baits in the shape of scholarships and prizes, and the entire school fees amount to sixty guineas.

Attached to the College are two large hospitals—Royal Infirmary, with 250 beds, and the General Hospital containing 154 beds. Pupils are entitled to attend the whole medical and surgical practice of the hospitals. Special clinical instruction is given in diseases of the eye, ear, and throat, also on diseases of women.

LEEDS SCHOOL OF MEDICINE.

The dissecting rooms and Physiological libraries have been greatly improved. Several of the courses of lectures are now attended at the Yorkshire College, where, in addition to the lectures on Chemistry, Biology, Comparative Anatomy and Botany, attended by students of the Leeds School of Medicine, it now possesses chairs in various branches of Science and Literature. It thus offers that opportunity for general culture which we would so much wish to have at the doors of all medical schools.

LEEDS GENERAL INFIRMARY.

This hospital has accommodation for 300 in-patients. Clinical lectures are given by the physicians and surgeons in the theatre of the school, and in the operating room of the

infirmery. All students must hold the office of clinical clerk and dresser, in accordance with the requirements of the examining boards. Before taking a ward dresser-ship, every student must have been, for at least three months, a dresser in the outpatient room. The usual minor appointments are made. There is a special lecture on Psychological Medicine. A prize, value £10; also a prize to the amount of £36, are awarded every year.

UNIVERSITY COLLEGE, LIVERPOOL.

Three scholarships, value £126, are awarded to students. The hospital contains 300 beds, including forty for the treatment of diseases of women. A Lock hospital which adjoins, contains sixty beds. Pupils of the infirmery are admitted to learn pharmacy in the dispensing department for six months. The usual appointments are made from students.

Perpetual fees amount to forty guineas. This includes Lock hospital practice. There is a school of dental surgery in connexion with the above, with lectures and demonstrations required for science in dental surgery of the Royal Collège of Surgeons, London, Edinburgh, and Dublin. The Liverpool Northern Hospital, which is connected with the above, contains 142 beds. There is a special ward for the treatment of children. The usual clinical lectures are delivered. All the minor appointments are open without charge. The fees for perpetual attendance amount to twenty-five guineas.

Also connected with this are the Liverpool Royal Southern Hospital with 200 beds, and the Liverpool College of Chemistry.

MANCHESTER—OWEN'S COLLEGE.

This College is provided with a very large dissecting room, physiological laboratory, private laboratory, and work-rooms, besides lecture rooms, library, and museum. The departments of Anatomy, Physiology, Chemistry, and Zoology are taught by professors who devote the whole of their time to the duties of their respective chairs. The more strictly practical departments of medical study are taught partly in the medical school and partly in the Royal Infirmary, to which are attached a fever

hospital, a lunatic asylum, and a convalescent home. Separate instruction is afforded in the elements of medical, surgical, and physical diagnosis ; in Obstetric Medicine, Ophthalmic Surgery, and Pathological Anatomy, by the members of the staff. Scholarships and prizes to the value of £247, are awarded to students. A composition fee of £105 pays all expenses of school and hospital.

MANCHESTER ROYAL INFIRMARY.

This infirmary embraces a nurse training institution consisting of a staff of 100 skilled nurses. The average number of *out* and *home* patients is over 18,000, and the list of casualties in the accident room exceeds 7,000 per annum. The Infirmary, Barne's Convalescent Home, and the Monsall Fever Hospital contain together 670 beds.

The fees for the full period, required by the examining boards of both medical and surgical practice, may be paid by a composition fee of £42 on entrance, or by two instalments of £22 each.

Various clinical prizes are given, and also dresserships, to the students.

MANCHESTER GENERAL HOSPITAL FOR SICK CHILDREN.

This hospital contains 140 beds, including twenty-eight for scarlet fever.

NEWCASTLE-ON-TYNE COLLEGE OF MEDICINE.

A University scholarship of £25 a year for four years, for Proficiency in Arts, is awarded to students of the first year. Scholarships to the value of £130 are also awarded to students. There is such a large number of clinical appointments that they appear to us to be obviously in excess. Lectures for the whole curriculum in this hospital amount to sixty-three.

There are, at the infirmary, 230 beds. Midwifery, Gynæcology, Ophthalmology, Dermatology, diseases of throat and ear, can be specially studied.

Fees for six months' course, £8 8s.; for twelve months, £12 12s.

SHEFFIELD SCHOOL OF MEDICINE.

This infirmary contains 180 beds, a museum of pathology, library, and *post-mortem* theatre, with microscopes and all appliances for clinical research. Perpetual fee for attendance on all the lectures required by the Royal College of Surgeons and Apothecaries' Hall is £47. A tutor's fee of two guineas is required from students entering for Anatomy and Physiology. The students of this college are afforded opportunities for instruction in science and arts at the Mason's Science College.

SHEFFIELD—JESSOP'S HOSPITAL FOR WOMEN.

The hospital is devoted to diseases peculiar to women. There is also an obstetric department connected with the hospital which has a staff of midwives attached for attendance on out-patients. This hospital is utilised for the clinical instruction of the students of the Sheffield School.

ADDENBROOKE'S HOSPITAL, CAMBRIDGE.

Clinical lectures in Medicine and Surgery, in connexion with the Cambridge Medical School, are delivered at this hospital, twice a week during the academical year, and practical instruction in medicine and surgery in the wards and out-patients' rooms, is given by the surgeons and physicians daily during vacations as well as in term time. Instruction is also given in all special modes of surgical and medical investigations. Clinical clerks and dressers are elected from amongst students without charge.

BATH ROYAL UNITED HOSPITAL.

The hospital contains 120 beds. It is recognised by the General Medical Council and licensed for dissection.

It has a large library and good museum, containing a number of interesting specimens both in pathology and comparative anatomy. A year spent at the hospital counts as one out of the four required before qualifying for practice. A ten guinea fee is required for one year, and five guineas for six months, with an additional fee of five guineas for practical pharmacy.

WOLVERHAMPTON AND STAFFORDSHIRE GENERAL HOSPITAL.

This aims at occupying the position of a preparatory school of medicine and surgery. It contains 210 beds.

The existing regulations of the conjoint examinations of the London College of Surgeons and Physicians are such as to shut out all provincial hospitals without medical schools attached, from all share in clinical teaching. The matter will not be allowed to remain where it is, and already vigorous steps have been taken to assert provincial rights. No more here, however, as we refer to the matter elsewhere.

IRELAND.

MEDICAL SCHOOLS AND HOSPITALS IN DUBLIN.

THE SCHOOL OF PHYSIC.

This comprises the Trinity College School and the School of the College of Physicians. The government of the School is vested in the Provost and Senior Fellows of Trinity and in the President and Fellows of the College of Physicians.

The instruction given is of a special character, and all students have free access. Some advantages are afforded to Arts students. Each student must, before he can enter, have passed the entrance examination in Arts of Trinity College, or the preliminary examination of some other body recognised by the General Medical Council, such as the Royal University of Ireland. He must also have been matriculated by the Senior Lecturer, for which he has to pay a fee of 5s.

Scholarships are annually given to the value of £20 for proficiency in Medical subjects.

ROYAL COLLEGE OF SURGEONS.

The staff consists of Professors in Physiology, Anatomy, Surgery, Chemistry, Medicine, Materia Medica, Histology, Botany, Medical Jurisprudence, Midwifery, Gynæcology, Ophthalmology, and Practical Anatomy ; also a large number of Demonstrators.

A new feature has been added to the anatomical department, in the shape of model dissections of parts which are placed like maps for the instruction and emulation of students. There has been a complete remodelling of the physiological department, and here, now, a student cultivates that histology and microscopy of which he before merely read in books or heard in lectures.

An equally important change has been introduced into the surgical classes and in a similar direction ; while the chemical laboratory affords a practical training in food, water, etc., the want of which in our medical training has been so long commented on.

An attempt was made to abolish this school in 1882, by interested private school proprietors ; but happily this proved a failure, and instead the school has been extended and improved in every way.

The recent alteration (1885) of the charter of the College of Surgeons, which allows teachers to become examiners, has improved it.

CARMICHAEL COLLEGE OF MEDICINE.

This school, which occupies a central position in Dublin, is one of the proprietary schools, and vaunts itself on the opportunities which it offers for practical training in Chemistry and Physiology. Its demonstrating staff, though not quite so numerous as that of the Ledwich School, is still ridiculously in excess of the requirements of teaching. This is one of the schools which maintain the night lecturing system. Like all the other schools, it offers prizes and exhibitions, and goes in largely for the tutorial element in teaching.

Lectures are delivered on Practical Anatomy, Systematic

Anatomy, Physiology, Surgery, Ophthalmic Surgery, Practice of Medicine, Midwifery, Chemistry, Pathology, Zoology and Botany, Materia Medica and Medical Jurisprudence.

THE LEDWICH SCHOOL OF SURGERY.

In the above school, lectures are given in Anatomy and Physiology, Surgery, Practice of Medicine and Pathology, Midwifery, Materia Medica, Medical Jurisprudence, Botany, Chemistry, and Ophthalmic Surgery. The published list of demonstrators contains the names of no less than twenty-one persons; a number which is absurdly in excess of all possible anatomical requirements, and is an exaggeration and further development of that fraudulent system of over-demonstrating, on which Dr. Laffan, in his Carmichael Essay, commented so very forcibly, and as we think, so very truthfully. The night lecturing system, commented on elsewhere, is in full swing in this as well as in the Carmichael School. Let this system be called by whatever name it may, it is not a lecturing system at all events: and further, if the receptive powers of the student have as much to say to the result as the matter submitted to their absorption, the exhausted mind of the Cit., after his long day's toil, is not in the most favourable mood for such absorption.

CATHOLIC UNIVERSITY SCHOOL.

The fortunes of this school have undergone a revolution within the last two or three years. We cannot say that increased efficiency effected this change; though even in this matter the school is not backward. It is to the increased attraction which it presents for students through the intimate connexion of most of its staff with the Royal University that its improved fortunes are due. There is no change in the school as regards prizes, lectures, and other teaching, if we except opportunities for Practical Physiology, which latter are common to all the Dublin schools. The intimate relations between it and the new University, however, have swelled its ranks and given it an impetus on the road to prosperity which it had not known for a long time.

RICHMOND, WHITWORTH AND HARDWICKE HOSPITALS.

Those hospitals contain 312 beds—110 for surgical cases ; 82 for medical ones; and 120 for fever and other epidemic diseases.

Distinct courses of lectures and clinical instruction are given in fevers ; operations are performed on more than one day in each week. Those of emergency are, of course, performed at once ; practical instruction in Ophthalmic Surgery is given.

A resident surgeon is appointed every two years with salary. Eight resident clinical clerks are appointed yearly. Dressers from among the best qualified pupils are also selected without additional fee. The peculiar arrangement exists that qualified men are admitted to re-election. The hospital authorities make a special merit of the opportunities which an extensive truss establishment affords to students for becoming acquainted with rupture.

CITY OF DUBLIN HOSPITAL.

Special courses of lectures are given on ophthalmic and aural diseases and also on diseases peculiar to women, for which a special ward is set apart. There are also special apartments for diseases of children and fever cases. The most deserving of the students are appointed to the usual assistantships, etc. The house-surgeon is annually elected and pupils are appointed by examination.

MEATH HOSPITAL, DUBLIN.

This hospital forms the County Infirmary of Dublin, and ranks among the oldest of the charitable institutions. It has 120 beds.

THE ADELAIDE HOSPITAL.

This hospital contains medical, surgical, fever and children's beds.

The fees are the same as at all Dublin hospitals, viz., yearly, 12 guineas ; six months' course, 8 guineas ; summer three months, 5 guineas. Three resident pupils are selected half-yearly.

A scholarship of £30 and a gold medal, as well as a prize of £10, with silver medal, are awarded, at the end of the session, for proficiency in clinical medicine and medical pathology, etc.

SIR PATRICK DUN'S HOSPITAL.

Is in connection with the School of Physic. The payment of 3 guineas to the hospital entitles any student to attend the clinic of the hospital for twelve months; and to attend the lectures delivered. Students who have taken out the degrees of Bachelor of Medicine and Master in Surgery in Trinity College are entitled to attend the hospital as perpetual pupils. Clinical lectures are delivered on Mondays and Tuesdays. In addition to the hospital fees, 9 guineas are required for the privilege of attending the lectures. Total fee for hospital and lectures 12 guineas. The fees to the "*Maternity*" are for college students 3 guineas. The total fee for ex-terms is 6 guineas.

MATER MISERICORDIÆ HOSPITAL.

This is one of the finest hospitals in Dublin, but is most defective in construction, being built on the old corridor principle.

It contains 230 beds, of which 50 are reserved for fever cases. The staff consists of 10 members. Ten clinical lectures are given each week in addition to the daily bedside instructions. A special course of lectures on fever is given. A certificate of attendance upon this course, to meet the requirements of the King and Queen's College of Physicians may be obtained. There is a ward for the treatment of ophthalmic diseases, also another for diseases of women, under the obstetric physician. Leonard prizes of the value of £30 are given at the end of the winter sessions. Certificates of attendance at this hospital are recognised by the Royal University, and all the Licensing Bodies in the United Kingdom. The fees are the same as at the other hospitals.

MERCER'S HOSPITAL.

This is one of the best surgical clinics in Dublin. It is conducted by a staff of five members only; but work is carried on with a good deal of energy. Owing to its central position it

receives numerous patients suffering from accidents of various types, which afford the students every opportunity of becoming familiar with disease in all its forms. For some years the efficiency of this school has been seriously impaired by deplorable dissension among the staff. The number of beds actually occupied in this hospital is below the regulation standard, and it should, strictly speaking, be disfranchised.

ST. VINCENT'S HOSPITAL.

The hospital, which is under the charge of the Sisters of Charity, contains 160 beds which are constantly occupied.

The clinical instruction is given by a staff of nine members. Its cases are mostly medical. There is a special ward for the treatment of women.

JERVIS STREET HOSPITAL.

This has been entirely remodelled, and is now one of the first in Dublin. It has always been famed for the surgical opportunities it offers to students. A number of residents and dressers are appointed. At present the Committee are unable to clear off the debt, and its resources are therefore stinted.

STEEVENS' HOSPITAL.

This hospital contains 250 beds for medical, surgical, midwifery, fever and syphilitic cases. Seven surgical and four medical residents are appointed half-yearly. It is conducted by a staff of ten members. There is now no medical school connected with this hospital, and its clinical field is consequently less utilised than formerly. The suppression of the school was caused by the contemptuous treatment of the staff by the lay governors, who ignored their recommendation on the selection of a vacancy on the staff.

ROTUNDA HOSPITAL.

The above consists of two distinct hospitals—viz., the Lying-in Hospital and Auxiliary Hospital for the reception of patients suffering from uterine and ovarian diseases. There is also a large extern maternity in connection with this hospital, and a dispensary

for diseases peculiar to women. Students and midwives are granted diplomas on passing an examination. A clinical clerkship, value £50 a year, tenable for six months, is awarded after competitive examination of pupils who have attended the full course of instruction in the hospital. These hospitals are famous throughout Europe and America, and practitioners come from all parts of the world to enter their walls.

COOMBE LYING-IN HOSPITAL.

This hospital contains 65 beds, and has also a large extern maternity attached. Nearly 5,000 confinements are attended annually by the pupils of the hospital. A special dispensary for diseases peculiar to women is held daily, and clinical instruction is given. The certificates of the hospital are recognised by all Licensing Boards, and its diploma is accepted by the Local Government Board, etc.

CORK STREET FEVER HOSPITAL.

This is the only special fever hospital in Dublin. It contains 200 beds. The main support is derived from a grant from the Government which is supplemented by voluntary subscriptions. Arrangements have been made for the introduction of clinical teaching into this hospital, through the interference of the King and Queen's College, Ireland.

THE PITT STREET CHILDREN'S INFIRMARY

Was founded 1821 to provide treatment for children, and to give instruction regarding their ailments.

DUBLIN ORTHOPÆDIC HOSPITAL.

Under the management of Mr. Swan, contains 30 beds for the treatment of deformities and orthopædic surgery.

NATIONAL ORTHOPÆDIC AND CHILDREN'S HOSPITAL.

This hospital is for the treatment of all kinds of deformities and all non-infectious diseases peculiar to children. In addition to a large general dispensary, there are 30 beds for cases of deformity and other surgical diseases.

ST. MARK'S OPHTHALMIC HOSPITAL FOR EYE AND EAR.

In this hospital four clinical lectures are delivered, and two days are devoted to surgical operations weekly.

An addition to the hospital is being made which will increase the number of beds from 38 to 50.

NATIONAL EYE AND EAR INFIRMARY, MOLESWORTH STREET.

Lectures with instruction in diseases of the eye and ear, including the use of the ophthalmoscope and operations, are given daily.

Certificates from this hospital are recognised by Trinity College, Dublin.

Date of entrance from 1st October to 1st April.

DENTAL HOSPITAL OF IRELAND.

Lectures are delivered in the following subjects, viz.:—Dental Surgery, Dental Anatomy, Mechanical Dentistry and Metallurgy, admission to which can be obtained on the same grounds as at the Dental Hospital of London. A short additional course is required for surgeons, of three and six months' hospital practice.

In connection with this hospital has been opened the laboratory of the Hibernian Dental School, where Mechanical Dentistry is taught on the open or American system.

This laboratory is under the supervision of the Royal College of Surgeons of Ireland.

IRISH HOSPITALS AND MEDICAL SCHOOLS.

QUEEN'S COLLEGE, CORK.

The College is provided with a dissecting room ; physiological and toxicological laboratories ; materia medica, anatomical and pathological museums, surgical and obstetrical instruments and appliances. There are well-appointed physical and chemical

laboratories and a large natural history museum. Part of the ground is laid out as a botanical garden and is open to botanical students.

Fees—For Practical Anatomy £3 ; for Practical Chemistry £3 each course ; for Anatomy and Physiology £3 for first course, £2 for each subsequent one ; other medical classes £2 first course, and £1 for all subsequent ones.

Eight scholarships, value £30 each, as well as several exhibitions, and class prizes, are awarded every year.

Clinical instruction is given at the North and South Infirmaries and at the Lying-in Hospital ; students can also attend Mercy General Hospital, the Maternity, the Children's Hospital, and the Eye and Ear Infirmary. Clinical Instruction can now be given in the Queen's College by the medical superintendent of the Cork District Lunatic Asylum, which contains about 700 patients.

BELFAST QUEEN'S COLLEGE.

This College is supplied with all the attractions, but in a still higher degree, which the previous College offers to students. Its clinique is supplied by the Belfast Royal Hospital.

GALWAY QUEEN'S COLLEGE.

The school of medicine of this College is as regards staff and clinical service, decidedly inferior to those of the other Colleges. All the foregoing Colleges have excellent museums, cheap lectures ; but, they are so much inferior to the Dublin schools that the extinction of one or two of them is but a matter of time.

At the Queen's Colleges there has been a notable falling off in the number of students attending their schools. In Galway alone the numbers fell forty in a single year. This was due to the introduction of free trade, pure and simple, by the abolition of the Queen's University. When one bears in mind the cheapness of the lectures in those places, and the other money inducements held out, no more emphatic proof than the above falling off could be afforded of the poor opinion held as to the value of the education imparted here.

The foregoing list of schools, it will be admitted, is not wanting in variety ; each offers some attraction of its own. For purposes of comparison they might be divided into (1)—Metropolitan, (2) Provincial Schools; and into (1) University Schools, (2) Corporate Schools, (3) Private venture Schools. The University and Corporate Schools are those which, as their designation implies, form an integral part of University and of Corporate Bodies. These offer, to our mind, the strongest attractions to students. The Metropolitan Schools, as a rule, are abreast of their provincial fellows on account of the better material they possess for instruction, and the better class-teachers they are able to attract to themselves. Nevertheless, students find their way in large numbers to many a Provincial School of little merit. Thus the Schools of the Irish Queen's Colleges which, with the doubtful exception of Belfast, are but poor teaching centres, offer pecuniary temptations to students. The selection of Metropolitan Schools is influenced by a variety of considerations. A writer specifies the following as comprising the list, and his account is sufficiently complete to invite its transference. He specifies—1. The claims of an Alma Mater ; 2. Advertisements ; 3. Cheapness ; 4. Polemical considerations ; 5. The sham certificate system ; and 6. The prestige attaching to Institution and to names. In Dublin a disgraceful practice, the waylaying, as it were, intending students by the older birds, has notoriously kept up the ranks of one or two of the least respectable schools in the city. Unlimited credit, too, is given in some of the schools, despite all promises to the contrary, and this serves to fill up the ranks.

Attraction 5, or the sham certificate system which flourished for a long time in Dublin, brought fees and numbers to individual schools, while bringing nothing but discredit and loss to the profession as a whole. Under it a student, who never put in an appearance in either lecture room or hospital, received his certificate of assiduous attendance on both. He ground his way into our ranks during the snatches of time left by usually non-medical avocations. The lecturer, or the lecturers, appeared to have taken to this free-and-easy going system *con amore*, the fees, and not the attendance, being the sole consideration. The editor of the *Medical Press*, to his honour be it said, was the first,

or among the first, to denounce a practice which was at once disgraceful in itself, and the fruitful parent of the most heterogeneous additions to our calling. Mr. Laffan and Mr. Rivington both animadverted strongly on the practice in their respective essays ; and a public opinion was soon created of a sufficiently wide and earnest description to demand some measures of reform. The Irish College of Surgeons, accordingly, towards the middle of 1882, took some mild measures to put down what had for some time grown into an ordinary system of fraud, under the cover of what was euphemistically termed night lectures. These, be it observed, were simply night grinds in which half a dozen of the subjects were sententiously handled by hard-working drudges ; and they owe their origin to the introduction of practical examinations, with their accompanying demand for some description of practical knowledge.

Thereupon the peccant schools and the peccant school-boys took the alarm, and with questionable propriety the *Dublin Freeman* came to the rescue, and denounced in the name of struggling merit, and under the pretence of the all-sufficiency of examinations, the action of the Dublin College, which was held up by it to the indignation of the democracy, and to the hate of all lovers of fair play and impecunious students. Several opponents of sham certificates immediately entered the list, notably Drs. Kidd, Jacob, and Laffan, and pointed out that so long as lectures constituted an integral part of the curriculum, and so long as attendance was demanded on these, the certificates testifying to such attendance should witness to truth and not to falsehood. Each of those gentlemen addressed himself to a special department of the field of contention ; but minute details would be out of place here. We are, however, called on for a brief synopsis of the arguments pro and con. On the side of the College, it pointed out that no night lectures had ever been recognised, or were, in point of fact, ever delivered ; and that, therefore, shop-assistants had no legitimate grievance against the College, if the latter sought to render these impossible for the future. Dr. Jacob analysed completely the students' daily time table, commencing with his nine o'clock hospital and going through the whole cycle of the day, each hour with its demand on the student's time, and he proved conclusively the utter

impossibility of the same business being squeezed into the night grind, even if such were permissible, which he showed was not the case, without violating every established regulation. Dr. Kidd confined himself, with a dignity becoming his high position, to the mere denial of the allegation that his College was curtailing any legitimate privilege, which had ever been accorded to merit, struggling or otherwise; and to pointing out the obvious immorality of lecturers affixing their signatures to what they knew to be untrue. Dr. Laffan took up the broader question of education *v.* examination, and pithily pointed out that the latter is the smaller part of the process of doctor-making, and that it bears to the educating process a relation analogous to that which the preparation of the crude metal does to its final stamping with the die, which is to give to it its name of guinea or shilling. Mr. Arnold, in his account of higher education in Germany, lets in so much light on this subject that a few quotations from his work seem not only to be pardonable, but even to be called for. Speaking of the German curriculum, he says:—"The end they have in view is that every one who presents himself to exercise any calling, shall have received, for a certain length of time, the best instruction preliminary to that calling." We ask the reader to note the words, "length of time" and "best instruction," for these two elements are indispensable for the production of fruitful results; neither time without good seed, nor the good seed without due time, suffices to produce a good crop. Mr. Arnold goes on to say:—"This is not, it must be repeated, an absolute security for exercising his calling well, but it is the best security. It is a thousand times a better security than the mere examination test, on which, with such ignorant confidence, we are now relying and leaning with our whole weight in cases where we take any security at all; and continues that it is on a good curriculum the chief reliance is to be placed, and that examinations are to be looked upon as mere supplementary tests. He would allow no doctor to exercise his function without having come for a certain time under superior instruction. Compare the opinion of such an authority as this with those of the nameless scribblers who on this occasion sought to defend a thoroughly dishonest position, by appealing to popular prejudices in favour of impecunious youths, and to popular convictions as to the

infallibility of the examination test. In Germany such a test *per se* is deemed wholly illusory unless preceded by preliminary training extending over years. Examination is not a thorough test of knowledge accumulated. It cannot test how that knowledge got there. It weighs and measures the memory only. It applies no touchstone to discriminate between the knowledge that is mere padding, and that which has become part of the living organism. The night students and their friends represent the cause of examinations. Their opponents contended for that of education. It is plain that there could be no education where knowledge was to be bolted down in the snatchy toothless way necessitated by the conditions of night studentism. Knowledge is the mere accumulation of facts; and if these facts have been flung in on the mind without any effort of its own, *i.e.* by grinding, it is plain that the faculties of the mind, having had no share in their acquisition, have derived no development from that acquisition; the facts are in a word mere lumber, and even their continued retention involves the cultivation of one faculty only, to wit, that of the memory. All the processes of perception, observation, comparison, reasoning and judgment, by which solid knowledge is gained, are so many means by which the investigating mind works in attaining its object, and can only be performed by the learner himself. Concentration of mind on a few subjects has ever been the one passport to excellence; and such concentration is the very antithesis of the rapid sipping which mere preparation for examination involves. Under one system the mind becomes strengthened; under the other dissipated and weakened. The powers of observation and reflection are left uncultivated. The memory alone is recognised as having an existence. This is the faculty which, in a proper state of things, is occupied with the mere function of retaining the impression left on the mind by its own active operations, and is therefore subordinate and subsequent to those operations. Yet it is by cramming, forced into a position to which it has no natural right, and made to precede instead of waiting on the mind's action, that such people would work. Cramming has nothing in common with teaching; and it is the method of teaching rather than the thing taught that constitutes the real value of teaching. True education, in a word, may be defined as the train-

ing carried on consciously and continuously by the educator ; its object is to convert desultory and accidental force into organised action ; and its ultimate aim is to make the being operated on by it, capable of attaining the maximum of moral and intellectual development of which the faculties given him are susceptible. Writers also have sometimes described it as the systematization of all the influences which the science of education recognises as capable of being employed by one human being to develop, direct, and to maintain vital force in another, with a view to the formation of mental habits. Facts investigated at first-hand, through observation and experiment or reflection, constitute the art of learning. How impossible is such a process under a system which conveys everything didactically at second-hand to the mind. So much for the question of curriculum *v.* examination, of study *v.* cramming, of a *bonâ fide* course *v.* sham certificates. Much was dwelt upon in the controversy on the talents of the night men, the idleness of the day men, the inefficiency of lectures, etc. And it is not too much to say that what between the ad misericordiam appeal on the score of poverty, and the rooted prejudices in favour of examinations as complete tests, the popular verdict went with these audacious violators of the most solemn obligations of truth. Since then, this matter was brought by Dr. Jacob under the notice of the Medical Council, and that Body has announced that it will deem any lecturer who signs a false certificate to be guilty of infamous conduct, and punish him accordingly. The College of Surgeons, of Dublin, has again issued another notice appealing to the honour (an imaginary possession of ticket signers) but it hesitated over the one course which would effectually put down these frauds. These lectures are still continued in quasi-complete form in more than one Dublin school, thanks to the weakness of the Irish College, but no one can, for a moment, mistake them for any other than mere nominal lectures.

Having said so much on training and examining, our readers will have no difficulty in divining our opinions on the subject of lectures. They have been overdone and are to this day overdone. Too often they are delivered by incapables, and of course are the reflection of the incapacity of their authors. They

are too numerous ; too much latitude is allowed to students to attend them or not, as they please ; yet despite all this, they are the most valuable part of the curriculum. The individual subject is cultivated through them in a way that it would otherwise not be. The student is presented with a photograph, and a *précis* of what could be only gathered by himself imperfectly if at all, after endless toil. There should of course be a considerable paring both of lectures and of the parts of subjects travelled over by lecturers, and we should get rid of incapable lecturers to whom it is due that methodical teaching has become so much a matter of question. Lectures should be few, should cover leading portions of subjects, should be properly attended, should be suitably illustrated, and should be supplemented, not replaced by other modes of teaching to be referred to presently. Some of the witnesses before the Royal Commission have dwelt very strongly on the merits of weekly class examinations, and this opinion reflects our views. We cannot find words at the moment strong enough to convey our sense of the part which these might be made to play as a vital addendum to lectures. These class examinations, however, will not do by themselves, but while we deprecate grinding we are equally in favour of tutorial teaching. Taken in conjunction with compulsory attendance at lectures, and weekly class examinations, the tutor's assistance would bear not only a useful, but an indispensable part, in the routine of school work. One of the greatest difficulties that has to be faced in connexion with medical students, is the process of keeping them in order. There is no use in blinking the fact, that the profession which of all mere worldly callings makes the greatest demands on the self control and morality of its members, enjoys the reputation of numbering amongst its aspirants, the wildest *roués* who attach themselves to any calling. This is the result of too much license, and it is to be corrected by closer surveillance of the young student. The difficulty is how to effect this. We believe that it can, at best, be but partly accomplished, if the present system of turning raw boys loose, without any break or buffet between home or college, and the fire of city life be persevered in. In a previous chapter we have laid down our reasons in favour of an eighteen months' rural apprenticeship, and we look to its general introduc-

tion as the needful buffer. Such, however, will not do by itself, and individual residence with private families where the parties can afford it, and aggregation in houses or residences where they cannot, seem to us the proper remedies. Dr. Laffan recommends registration and visitation of lodgings, but we are afraid that his suggestion is impracticable. We agree with him that the tutors ought to look closely to their pupils, and we fear that there is but too much ground for his allegation, that school managers too often wink at the misconduct of their students under the pressure of the too keen competition for recruits. Many of the schools are notoriously as ill provided with requisites as with lecturers, and this fact is usually not found out by students until they are entrapped into the net. A medical school costs too much money for its proper equipment to make it pay as a mere speculation. The *clientèle* is not large enough when divided amongst so many schools. Adequate inducements cannot be offered to attract competent men for every chair, or even to keep the competent men when they get them. Men take up the *rôle* of professor as a mere advertisement, stick to it only so long as it suits, abandon it when their practice has grown, and work it with all the carelessness, indifference, and half-heartedness that might be expected from those who make use of it as a mere stop-gap. Men often buy a lectureship as they do a house or a vehicle; and if as the result, weak men find their way into places for which they are not fit, the outcome is only what might be anticipated. I am no friend of proprietary schools. This is no legitimate field for commercial speculation. A very moderate acquaintance with our school life is sufficient to prove how thoroughly rotten are most of those commercial ventures. To the outward eye they may appear all that the authorities require them to be, but under the surface another state of things is seen. It is useless to talk of appointing their staffs by concourse when there is really nothing to tempt the staff. What is wanted is an end to many of the present medical ventures. Consolidation we will not, however, have until we have a thorough system of visitation, for by no other means will the weakness of the schools be found out, and compulsory junction effected. Some comment of a condemnatory nature was indulged in a few

years back, over the refusal of the Medical Council to visit the schools. But a proposal to do so was carried last year, and notwithstanding all kinds of plausible efforts made since then to shelve, or at least defer it, on the score of expense, doubtful legality, etc., we are in hopes that it will soon be a *fait-accomplí*. The mere trade spirit which these commercial schools infuse into their alumni is one of the most deplorable results which flow from them. The men brought up in them are subjected to none of those influences which fill the very air of University grounds. They are surrounded by nothing which could enlarge the mind and lift it above mere bread studies. They come in time to view every thing as a mere means for getting a living. Science never to them her ample page unrols, the great masterpieces of antiquity are remembered with a shrug, for the few lines of one of them that had to be limped over for the preliminary examen. They are ground and ground, and they live and move but for their examinations, and when these are over they plod through life like the baker or the butcher, with no other thought than that of accumulating pelf, and without a second idea as to the existence of any other duty outside the mere routine discharge of their professional calling. I would wish to see a few schools only, and these schools the integral parts of respectable Universities. This would be brought about in future years by the combined action of improved examinations, more highly pitched preliminary examens, and the weeding process which will be the inevitable result of the searching visitations. In France the great medical school, or school of medicine, as it is called, in Paris, has professors in the following subjects, and such a fulness of staff as represents what we would like to see here.

1. Anatomy. 2. Histology. 3. Physiology. 4. Chemistry.
5. Natural History. 6. Medical Physics. 7. Pharmacology.
8. Surgery. 9. Practical Surgery. 10. Materia Medica and Therapeutics. 11. Pathological Anatomy. 12. Midwifery.
13. Hygiene. 14. Comparative and Experimental Medicine.
15. Forensic Medicine. 16. General Pathology and Therapeutics.
17. Clinical Midwifery. 18. Diseases of the mind and nervous system. 19. History of Medicine.

There are besides, two professors of Medicine, four of Clinical Medicine, and four of Clinical Surgery; twenty-nine in all. So much for the Paris School

of Medicine. Now to come back to our own again. Anatomy is cultivated with too much minuteness. Relations of parts are too much dwelt upon, and on the whole, there is much to be lopped off the area of its teaching. It ought to be taught more by demonstrating, and less by lecturing, than at present. In one of the last Carmichael Essays the number of demonstrators comes in for some very neat hitting. There might be as many demonstrators as there are, if there were plenty of students and plenty of funds. Then there would be capable men and enough for them to do. The present staffs in Ireland at all events, contain among them men who are neither capable nor industrious ; who by their presence in the schools degrade teaching and demoralise students. The method of demonstrating has of late years considerably improved ; and though incompetent individuals cannot be expected to give value to students, the larger number of men do so. And the fruit is to be read in a more widely extended acquaintance with Practical Anatomy. Demonstrators now aim more at superintending the industrious student, and at egging on the lazy one, than at exclusively pursuing the didactic method. There is still, however, in some of the schools considerable room for improvement. Lectures must indeed be reduced in number so far as duplicate courses are concerned, but we must also make attendance on them *bona fide*. When we enumerated a moment ago the complete staff of the French faculty, we did not thereby design that we should oblige students to attend every one of those courses. On the contrary we would imitate the University system so far as to allow students to pick out certain lectures which they might or might not attend as their aptitudes led them, while marking out a few which we would oblige all to take out. We are going to enunciate very heterodox views in this matter, but we are none the less convinced that it is better not to place a weight on the student's shoulders that will crush all real love of learning and desire for after-improvement out of him. I would build up a good skeleton, and leave details to be filled in by the student himself. Let him study anatomy, pick up a decent fraction of chemistry, dig deep into materia medica, and thoroughly work up the three clinical subjects ; and I would not mind if he were obliged to travel over but a restricted part of the ever-widening field of physiology.

It is utterly impossible that the average brain can acquire a useful knowledge of the subjects which it is required to learn. I would have him then learn well a few subjects, and leave for future study the filling in of the picture. The method of teaching should be part tutorial and part lecturial. Depth and width and minuteness require the one, the capacities of students and the requirements of teaching demand the other. We should therefore make our demonstrators do tutor's work, and we would pay them well for it. The suggestion has been thrown out, that they should be rewarded with hospital appointments and otherwise made comfortable, and this we imagine school authorities have by this time learned to be a primary necessity. If a process of amalgamation could be set in active motion, the few demonstrators rendered necessary need not look outside a purely anatomical career, and this course would be the very best results of such a system. Practical Physiology has lately come in for great share of attention, but we are heterodox enough to say it is one of those departments in which we would allow considerable freedom of choice. Materia Medica is much less cultivated in nine schools out of ten, than it ought to be; and while depreciating the bestowal of too much time on its purely manufacturing and chemical portions, it does appear clear that Therapeutics should be more thoroughly mastered than they are at present. It is hard to expect great faith in drugs from those whose acquaintance with them is of the slightest. As to Pathology the student should learn as much from *post-mortems* as he could, and work it up afterwards himself. The vaunted microscope should certainly be handled, but here too Beck and Co.'s preparations might be fairly left to complete the education. Hygiene should be the special study of a corps of sanitarians. A good text book would sufficiently educate the student, after he should get his diploma. We would say ditto to Forensic Medicine. In short, to repeat, every student should learn a little well, that little should be what he could not teach himself after the reception of his diploma, and which would be sufficient to pile thereon the stately edifice to which an ever-growing love of his art would be ever making fresh additions. The present unsettled condition of things perplexes school managers and students alike, by the diverse requirements of the corporations. These conflicting require-

ments seriously hamper methods of teaching, and the entire school system of management. The Medical Council did something to produce a respectable amount of unification by its recommendations some years ago. But as it did not enforce them, that good was a limited quantity. The separation of teaching and examining functions so much in vogue and whose extension is so generally recommended, has always appeared to us to have a most injurious effect on teaching. That teaching is stilted, as Mr. Arnold remarks, for the whole system is pitched to suit examinations instead of being made to follow the natural bent of the teacher's genius. A lecturer is thinking of the subject matter of his lecture, while at the same moment the student is thinking only of his examinations, and thus lectures lose the life, and students the interest, they otherwise would have in them. Of Botany and Zoology enough should be taught, as already indicated, to the student before commencing at his town medical school. The possession of the degree in arts corresponding to the *bachelier-des-lettres* and the *bachelier-des-sciences* as recommended in a former chapter, would necessarily imply a sufficient knowledge of physics and chemistry. Sub-division of labour implied in the existence of an ample course of lectures with compulsory attendance on a few fundamental ones only, and suitable endowment for such students as might desire to cultivate special aptitudes, would both produce specialists and tend to cultivate original research.

Practical Instruction.—Some new moves have taken place in connexion with Hospital Instruction since '79. Thus an important agitation was set on foot by a large number of Irish Union Hospital physicians to obtain partial clinical recognition. The subjoined memorial and appendix were presented to the Royal University, and considerable letter writing and more than one meeting of the physicians interested took place. The application raised the question of a distinct precedent set by the Irish College of Surgeons, by a resolution passed on the 23rd of January, 1846, and which recognised a maximum of eighteen months' attendance at provincial surgical hospitals of 50 beds, in lieu of six months' attendance at the ordinary clinical hospitals. This recognition was usually deemed to apply to county infirmaries as the sole county hospitals. But

Dr. Moore of Cavan produced evidence that Union hospitals were also included. This fact which was not known to most of the signatories to the memorial would have rendered of doubtful necessity the formal memorial to the University, as that body undertook to accept all certificates acknowledged by the College of Surgeons, and Union hospital certificates would of course under those circumstances be included. We say of doubtful necessity, because from the delays and hesitation which the Senate has vouchsafed to the memorial, the mind of that august body does not seem to be quite clear as to the obligation of reciprocity. Had the memorial not been presented at all, but had certificates been sent up as a mere matter of course, it is hard to see how they could have been refused.

Memorial

OF THE

UNDERSIGNED PHYSICIANS AND SURGEONS TO UNION
HOSPITALS,

TO

THEIR GRACES, TO THE RIGHT REV., RIGHT HON.,

AND

TO THE HONOURABLE THE MEMBERS

OF

THE SENATE OF THE ROYAL UNIVERSITY.

RESPECTFULLY SHEWETH—

That clinical or bedside training is universally admitted to be of the first importance in the education of medical students. That a mere fraction of the resources available for such instruction is now at the disposal of such students. That during the year 1877, 111,134 patients labouring under all forms of sickness, were treated in the various Union hospitals, which are provided with every possible requisite for the treatment of disease, while during the same time not more than 16,000 patients were treated in those hospitals of Dublin, Belfast, Cork and Galway, which have between them the monopoly of clinical instruction. That no system of concursus regulates the appointments to the medical staffs of those clinical hospitals in the four towns last referred to, and that no ground therefore exists for alleging such a difference in the attainments of the respective staffs as would

furnish a plea for excluding provincial men from all share in clinical teaching. That the results of the present system of monopoly are such as might have been anticipated, and that the serious attention of the General Medical Council and of all earnest friends of the profession was long ago directed to those glaring defects in the practical training of medical students. That in the educational programme drawn up in 1877, by the General Medical Council, for the guidance of colleges and universities, this defect in practical training was sought to be remedied by allowing students to spend one year out of the four prescribed for their educational course at such hospitals, but that the proposed remedy has fallen through, either because it was not compulsory, or because the year was not to be in satisfaction of a corresponding portion of the time compulsorily required for clinical study. That local interests and the deficient powers of that Council have heretofore prevented this enlightened recommendation from being either made compulsory or otherwise made practicable. That having every confidence that your body will not allow such mere local interests to any longer oppose obstacles, and looking with every confidence to your University placing itself in the van of progress, the undersigned respectfully memorialize you to recognise attendance at Union hospitals in discharge of one year's clinical attendance required by your University.

Here follow the names.

The *Lancet* warmly espoused the cause of the Workhouse physicians, but the *British Medical Journal*, though it purports to be the Journal *par excellence* of the rural medicals, preserved an absolute silence. The *Medical Press* in a series of articles criticised the proposal. These articles drew forth of course rejoinders. Dr. Cruise was intrusted after Dr. Hayden's death, with championing the cause, and the paper he drew up for the information of his brother senators is far too able not to merit a place here. It dwells, however, too much on the completeness of the test afforded by examinations, and too little on the advantages of a good curriculum. The *Medical Press* asked what security would the recognising bodies have that any real pains would be taken with students by their country masters, and was met with the reply that if they cut a bad figure at their Dublin hospitals after going up, their ignorance would bring ruin to the new system. It was advanced that if they subsequently did well at their final practical examinations in

those areas which might be specially assigned to the *rôle* of country teaching, their proficiency would be testimony enough of its value. It was argued that they might work up those departments subsequent to their arrival in Dublin. This it was rejoined they could not accomplish without the large classes around them being all advertised of their ignorance, and spreading the fact of that ignorance everywhere abroad. Dr. Laffan conducted the correspondence with the *Medical Press*, and made tender of a special examination of the student, or of the hospital teacher as a condition for recognition of the individual certificate in one case or of the hospital in the other. There can be no doubt that the extreme difficulty of shutting out utterly incapable teachers as well as of insuring reasonable care of the pupils on the part of the capable ones constituted the weak point of the whole thing. It is probable that a combination of the two methods of examining the hospital physician and the pupil would, however, secure every reasonable guarantee, and better guarantees than are afforded by the present effete methods of selecting clinical teachers at the regular clinical hospitals. The recognised clinical hospitals are never visited, and the teaching materials of many of them are an utter sham. If a Union hospital physician, seeking recognition for his hospital, were obliged to give clinical instruction for a morning or two in a Dublin Hospital, and if special note were taken of the knowledge of the student trained at country hospitals, of the areas selected for such students either by means of a special examination, or by means of specially marked papers at the date of his final examination, it is not easy to see why students should not be properly instructed in the country. The action of the Royal University was *sub judice* for years, and the result was refusal. Nothing can be more regrettable than that the means for clinical instruction should be so palpably inadequate to the demands made on them (see visitors' reports referred to elsewhere), and that when there is more than enough of clinical material for the instruction of all students the great bulk should be allowed to go to utter waste. No candid person can deny that the interests of those connected with the present privileged set of institutions are the real and only obstacles in the way. We are disposed to adopt the views of these memorialists, and

we think it the bounden duty of every sincere reformer who desires to see students really trained, to urge the inclusion of all hospitals within the clinical domain. It is utterly impossible that dressers who have nothing to dress, and clerks who have nothing to record can become practical men by becoming parties to what is a mere fraud. The present system of appointing to hospitals is not exactly calculated to place the best instructors over pupils. People who have got money or friends—or have a religious cut that most takes the taste of the governing body are not exactly dowered thereby with the one thing necessary—fitness for their office. In this matter the French are very much our superiors, and the introduction of their *concours* to all public hospitals is urgently called for.

The tenor of hospital appointment is not what it ought to be, and at one of the great London hospitals two leading members of the profession have, as the result of this, had to retire in consequence of a miserable dispute on account of lay subordinates. Some hospitals retain their men for life; others only, as in Edinburgh, for ten years, while in London they vacate their place at 65. The proposal to examine men for their posts should of course be confined to the junior officers, who should go up the ladder without any further searching process as vacancies occurred. The question as to the precise position which medical officers ought to hold on the governing bodies is a vexed one, and we hold that as an officer ought to depend on the Board which pays him, and will as a rule command enough of influence if he possesses ordinary tact and discretion, he ought not to be a member of the Board.

To sum up. We might have, with advantage, fewer schools. We want them, too, better equipped. In Scotland all graduates of a certain standing, at their final examinations who might desire to teach, should be allowed to do so, but within the University walls, and subject to the same restrictions as the *privat docens* of Germany. With restrictions like the German ones there would be no fear of improper parties taking up the functions of teachers, or of injustice being done to such functions. Teaching and examining should be more, instead of being less, closely interwoven. We shall not repeat the arguments put forward throughout these pages against the present “parrot cry”

of the justice of divorcing education from examination, but shall merely quote the summing up of the Report of the Scottish Universities Commission, of '78, on the point. They say :—
“The examination of the students of a University for their degrees by the professors who have taught them, is sometimes spoken of as an obvious mistake, if not abuse ; but those who are practically acquainted with University work will probably agree with us that the converse proposition is nearer the truth.”
Students must be looked after more closely, at many of the medical schools, than at present ; and the system of fixing two or three in the houses of individual teachers rather than collecting them in large numbers in residences should be encouraged in every way. London if it desire to retain its large classes, must have a teaching University to give degrees on the Scotch terms. In Dublin the good effect of bringing teaching and examining into closer contact is already visible. The English and Irish conjoint schemes have been very properly assailed for shutting out all opportunities of provincial training, whether with private practitioners or at country hospitals, and the attempts made to compel their alteration must prove successful in the end.

SCOTLAND.

FACULTY OF MEDICINE OF THE UNIVERSITY OF EDINBURGH.

Royal Infirmary.—Beds are set apart for clinical instruction by the professors of the University of Edinburgh. The usual clinical lectures are given. Special instruction is given on the diseases of women and children, and on physical diagnosis, and on diseases of the eye, ear, and larynx.

Separate wards are devoted to fever, venereal diseases, diseases of women, diseases of the eye, also to cases of incidental delirium and insanity.

The price of a perpetual ticket is only twelve guineas, and the appointments, which are numerous, are free.

SCHOOL OF MEDICINE, EDINBURGH.

In accordance with the statutes of the University of Edinburgh, any four of the medical classes required for graduation, or two complete *anni medici*, may be attended in this school. Each *annus medicus* may be constituted by attendance on two of the six-months' course, or on one of these and two three-months' courses. The regulations require that the fees for any class taken for graduation in Edinburgh be the same as that for the corresponding class in the University. The whole education required for graduation at the University of London may be taken in this school.

The minimum cost of the education in this school of medicine for the double qualification, is £95 ; whilst the minimum cost for the single qualification of either surgeon or physician, including fee for examination, is £85.

SCHOOL OF PHARMACY, EDINBURGH.

This is another extra-mural school, and presents no feature worthy of remark.

These extra-mural schools, viz., Minto House and Surgeon's Hall, present ample accommodation to intending students in the way of laboratories, museums, libraries, etc.

All the Scotch extra-mural schools are very much injured by the union of the three Scotch Corporations for qualifying purposes ; accordingly the rush of students is towards the universities. Thus a university student pays less for his courses, gets examined by the same men, and his arts examination includes only one subject more.

Even of this subject (biology), the student is said to have only a mere smattering. The duration of the course is the same in both cases. To make matters worse for the extra-mural student, he has to pay a much larger sum for the diplomas, and, to cap all, these are diplomas—not degrees.

The extra-mural teaching is, however, better in many cases. Many men have been appointed university professors who have not at all been equal to their post. The neglect of some of them is something astounding ; and were it not for the university

monopoly, a large number would go to the extra-mural schools. The anatomy classes in Edinburgh and Glasgow are too unwieldy. The supply of subjects at the former school is insufficient.

It is no secret also that they compel students to take out a number of extra courses which have no place in the curriculum. Considerable jealousy is evinced towards the extra-mural teachers, and every quiet obstacle that is possible, is thrown in their way.

Apropos of this, the following regulations have been drawn up by the Edinburgh Universities, for the recognition of these extra-mural teachers :—

“(1.) Every applicant for recognition shall furnish for the information of the authorities of the University :—1, a syllabus of his course of lectures ; 2, a statement of the number of lectures, and of the number of written or oral examinations in the course ; 3, a statement of his opportunities of studying the subject in which he desires recognition, and of the length of time devoted to it ; 4, a statement of the experience he has had in teaching the subject ; 5, a note of the titles of his contributions to the science of the subject ; 6, a statement as to whether his course or courses of instruction have been already recognised by any university or other examining body, and if so, what means were adopted for ascertaining his qualifications for teaching.

“(2.) In the case of every applicant for recognition residing in Edinburgh or its neighbourhood, an inspection shall be made of his teaching appliances and accommodation for teaching.

“(3.) Every recognised extra-academical lecturer shall annually furnish the University with the information regarding his course or courses which is required from the University professors as to—1, the number of students attending the recognised course or courses of instruction ; 2, the number of meetings for ordinary class work in the session, and in each week thereof, excluding meetings which fall under the next head ; 3, the number of special written examinations, the system of conducting the ordinary class work, and the number of meetings devoted to each kind of work.

“(4.) In the event of an extra-academical lecturer removing from the premises or building occupied by him for teaching a recognised course, such lecturer shall be required to intimate

his removal to the University Court, in order that the Court may have an opportunity of considering whether the accommodation in the building to which he has removed is adapted for the purpose of teaching the subject in which he was recognised.

“(5.) When the application is made for the recognition of a course taught by two or more lecturers in conjunction, information shall be given of the share to be taken by each lecturer in such a conjoined course; and the recognition of such conjoined courses, and of each of the lecturers recognised as teachers of a conjoined course, shall, *ipso facto*, terminate, should one or more of the lecturers cease to conduct the course, or should any material change be made in the share of each lecturer in the teaching of the conjoined course.

“(6.) The recognition of any lecturer who has ceased for a period of two consecutive sessions to teach the subject on which he was recognised, shall, *ipso facto*, terminate.”

The object of these regulations is certainly one of hostility to the schools.

In the Mediæval Universities every graduate had a right to teach; and the Papal Charter under which the Glasgow University was founded, and which was not abrogated by the subsequent one of King James, reserved similar rights for Glasgow graduates. These rights have indeed fallen into desuetude, but, nevertheless, they will remain as weapons against the excessive selfishness of the intra-mural teachers. The extra-mural teachers of Edinburgh sought to strengthen their position by obtaining a charter under the title of the Queen's College of Edinburgh, but were defeated by the opposition of the University.

A complete course of medical instruction is now provided for women in these schools.

UNIVERSITY OF GLASGOW MEDICAL FACULTY.

University School.—This is the most important of all the schools in Glasgow. Hundreds of students attend its classes. The students here are obliged to spend four years at the profession. As this is a school of one of the Licensing Bodies the various regulations will come under the head of Glasgow University. The staff is complete, and of a high class; but

the fees have grown to excessive proportions of late years, and bitter complaint is made that the students have to pay for a number of what are called extra lectures, which are not required by the Medical Council at all, but which are virtually as compulsory as if they were.

ROYAL INFIRMARY SCHOOL OF MEDICINE.

Courses of lectures are given in all the subjects required by the Licensing Bodies for qualification, and lectures and demonstrations are also given on Practical Physiology, Operative Surgery, Aural Surgery, Dental Surgery, Diseases of the Eye, and lectures on Insanity in the City Asylum.

The number of beds in the infirmary is 532. In addition to ordinary medical and surgical wards, there are separate wards for the treatment of venereal diseases and the diseases of women, whilst diseases of the eye, ear, throat and teeth are specially treated at the dispensary. Courses of clinical medicine and surgery are given by the physicians and surgeons. Instruction in Pathological Anatomy and Histology is given by the pathologist.

The usual number of appointments are open to students.

At the Glasgow Hospital and Dispensary for Diseases of the Ear, clinical teaching is conducted daily. Operations and special demonstrations are witnessed twice weekly.

ANDERSON'S COLLEGE, GLASGOW.

The courses include the following:—(Winter) Anatomy, Chemistry, Physiology, Surgery, Medicine, Materia Medica, Mechanical Dentistry; (Summer), Midwifery, Medical Jurisprudence, Botany, Hygiene, Dental Anatomy, Surgery.

The total fees amount to £48 only, which is in striking contrast with those of other schools.

GLASGOW WESTERN MEDICAL SCHOOLS.

This school is situated close to the Western Infirmary, where students obtain their hospital practice and clinical lectures. The students receive here ampler instruction than elsewhere in Practical Anatomy and Operative Surgery, the supply of subjects being without stint.

UNIVERSITY OF ABERDEEN FACULTY OF
MEDICINE.

The staff of the above University consists of twenty-six members, and lectures are delivered, in the Summer Session, on Botany, Practical Anatomy, Practical Midwifery and Gynæcology, Practical Physiology, Practical Pharmacy, Histology, Practical Ophthalmology, Practical Toxicology and Dental Surgery; in the Winter, on Anatomy, Practical Anatomy, Chemistry, Institutes of Medicine, Surgery, Materia Medica, Practice of Medicine, Midwifery, Zoology, Medical Logic, and Jurisprudence. One year must be passed at this school in order to enable the student to go up for the University degree.

ABERDEEN ROYAL INFIRMARY.

This contains 200 beds and the usual staff of physicians and surgeons for instruction of pupils.

PART III.

THE STATE AND MODE OF EXAMINATIONS, OR OF TESTING
THE QUALIFICATIONS OF CANDIDATES OF THE DIFFERENT
LICENSING BODIES IN MEDICINE, SURGERY AND PHARMACY.

ROYAL COLLEGE OF SURGEONS, ENGLAND.

This Body examines now conjointly with the sister College, but we give the details of the separate examinations because the conjoint ones are worked on the same lines, save that there are three instead of two examinations; and also because a few separate diplomas are still issued.

The primary examination is conducted by eight examiners and a chairman. Four of these examine in Anatomy and four in Physiology. (Chairman acting as Moderator). Abundant prepared dissections are provided, some of them fresh, others preserved. Many of these illustrate Histological Anatomy. Foetal development is also fully represented. Various specimens

of urine are forthcoming for employment with corresponding chemical re-agents. Means for writing with chalk and pencil are also provided. Each candidate on presenting himself is questioned in turn by two examiners, one in Anatomy, the other in Physiology. The quarter of an hour is exactly measured in each instance. A most searching examination is made of the student's knowledge of every portion of anatomy, almost the entire dissected subject being examined on. At an examination of a single group of four-and-twenty students, each person examined must identify the parts he is asked about and give a full history of their origin, relations, insertions, uses, anomalies, etc. In Physiology, the student has to indentify microscopical preparations of the organs and tissues, intestinal villi, etc. Candidates are also required to prepare specimens themselves for immediate microscopical use. Natural secretions sometimes, and morbid ones at other times are submitted for microscopical inspection. Every care is taken by changing specimens with each batch of students, to prevent anything like cogging.

Thorough questioning takes place on all the leading facts and views on Physiology and, where practicable, the student is made to illustrate various physiological actions.

The system of marking at this College is by numerals; for the oral and the written examination alike the maximum in each subject is ten.

If the candidate's marks fall below three in either of the two subjects, at, say the written examination, rejection is insured, as even five in the other subject will not bring them up to the minimum, unless in very rare cases, where the total marks for both oral and written are found subsequently to be a single unit below the minimum. When this happens the examiners reconsider the case, and add a unit to the marks obtained at the written examination, so as to bring them up to a pass standard. No student is examined by his own teacher.

FINAL EXAMINATION.

At this examination there are also eight examiners and a chairman. It is divided into four parts; the clinical, the oral, the operative, and the final. The clinical examination occupies

as a rule, but twenty minutes. One half of this time is spent in examining patients who are brought to the spot. The other half of the twenty minutes is spent in the following way: A live model is stretched on one of the tables, and the student marks out incisions for the various operations, and is questioned on the anatomy of the parts connected therewith. No opportunity of testing the amount of his surgical and regional anatomy is allowed to slip at this moment. Indeed the knowledge of topographical anatomy on the living subject which is exacted, is one of the most useful features of the entire anatomical examinations of this College. We can conceive nothing of greater use in practice than the ready recognition of anatomical land marks.

THE CLINICAL EXAMINATION

Consists here of the diagnosis, prognosis, and treatment of cases brought to the College. Candidates are required to recognise instruments and apply apparatus. The difficulties connected with any of these individual mock operations form a part of the examination.

A twenty minutes' examination at the hands of two examiners in surgical pathology and practical surgery, winds up the purely surgical part of the business. The magnificent pathological collection of this College is fully drawn upon, and where it is possible to turn an individual specimen to the account of diagnosis, prognosis and treatment, full use is made of it. Thus we are told by the visitors of the Medical Council that on one occasion, when the candidates were shown a skull with a deep sabre cut, they were asked as to the immediate fatality of the case, its complications, etc., and such further questions as the state of parts furnished a reasonable clue to.

THE EXAMINATION IN MEDICINE

Is partly written, partly oral. It is conducted by two examiners who examine the students orally for ten minutes each; the museum contents are used here also, numerals are discarded, and if the candidate fail, he is not necessarily rejected unless he

fails to qualify in the other subjects, but his diploma is suspended, pending his passing another examination in medicine.

Comparative Anatomy finds little favour at this examination, and no wide discursion is taken to the outlying districts of Physiology. This is as it should be. Since the student's mind is limited, he cannot take in every thing and might cease to be a good anatomist in his pursuit after comparatively transcendental knowledge. It is even alleged that the levelling up of Physiology which has of late years taken place at many of the Examining Boards, has been accomplished at the cost of Anatomy.

The Medical Council visitors find fault with the shortness of the oral examination. They say that an indifferent man who might be a master of mnemonics might pass under such a system, when his superior might fail; they say very properly, that the field of anatomy is too wide for a man to be equally up in it all round, and that if the existence of gaps in his knowledge is to be admitted, a quarter of an hour seems too short to determine the incidents of his imperfection. As regards the status of a doubtful candidate, they go on to say, that while the written papers are sometimes reconsidered, no second oral appears to be allowed at this College. They further find fault with the fact that every candidate is not compelled himself to perform actual dissections.

A good deal of praise is bestowed on the method of clinical examination here. It is stated, that it saves time to bring patients to an examination hall. The further gain is alleged that the inconveniences of large bodies of students striding into wards at irregular times are not inconsiderable; next, that acute cases cannot be subjected to the examination of such large masses; then again, that in a ward such a mass must be distributed over a large number of cases, some of them probably inferior ones. Lastly, they hint at the danger of collusion being less. To the writer it seems, that if no cases form the subject of clinical examinations except those that can be conveyed in cabs long distances to College halls, students will miss most of the really important cases, and the whole examination will resolve itself into a mere dispensary clinique, which we fancy is not the anti-climax aimed at by clinical reformers. In London the number of hospital beds is as

considerable as the number of students ; and if hospitals not at present utilised for clinical instruction were brought within the clinical field, there would be no risk of overcrowding the wards. Of course it is obvious that masses of students could not be precipitated on individual bad cases, which should obviously fall to the lot of a few. As to the objection raised by the visitors, that some cases of inferior value for testing purposes would fall to some of the candidates, where the latter are *en masse*, I doubt very much, if even the most inferior cases that candidates would be compelled to utilise would not by their closer approximation to those met with in actual practice, have as great a value of their own as the smaller percentage of sensational ones. The practice of taking students to a chance selection from a large number of hospitals would, I am convinced, afford as many safeguards against collusion, as any mere dispensary system.

There are some advantages no doubt in this system. It is more speedy, less laborious, permits of more system and order, enables all the examiners and students to be at work more simultaneously. Two other systems of clinical examinations are pointedly referred to by the visitors, one the Edinburgh system, where the candidates examine the patients in bed, and the other the Glasgow system, where they are indeed brought to the hospital, but where the patients are brought into them from their respective wards. This last system will allow cases of a nature too grave for cartage, as it were, to become material for examination, but will of course exclude the very gravest. The Edinburgh system possesses one advantage so far as candidates are concerned, that it allows them to demonstrate morbid appearances, instead of merely giving a verbal account of them in the next corridor. On the whole, I dissent from the learned visitors, in their laudations of the system in vogue in the English college, and am of opinion that the perfect system would be found in a combination of all three.

Every student does not perform an actual surgical operation in this College, neither is every student obliged to apply splints and bandages. Faults have been also found with the absence of a clinical and practical examination in medicine. On this point I would say, that I do not agree with the idea of one Licensing Body going in for excellence in a domain, which is the forte of

another, and I should be perfectly satisfied with the existence of moderate excellence.

The readiness with which candidates seem to have left their anatomical knowledge at home, probably locked up in their Grays, at these examinations, suggests one of the greatest difficulties in connection with medical training. The visitors tell us their ignorance was surprising, and they suggest that a defined amount of anatomy directly bearing on medicine and surgery, and no more, should be exacted from students.

It is notorious that since the sub-division by most of the Bodies of the examinations into anatomical and surgical, students have laid aside the study of anatomy after their anatomical examination is over. On the other hand, in the case of those Bodies where a full knowledge of anatomy still continues to be required at the final examination, the knowledge is forthcoming at the expense of that of practical subjects. The only solution seems to be partly in the directions suggested by the visitors, and partly in such an alteration of the law as will remedy the present defect of supply of subjects, and thus allow of a better practical training of students for their anatomical examination. It is a disadvantage that at those examinations each part of the work done by a candidate is under the review of a different examiner; thus the oral is conducted by one, the written by another, etc. So that he has not the advantage of having his entire work criticised by one man. In other Boards where such is the case, the weakness of a man in one direction will be more readily compensated for by his strength in another, where the whole field of vision is taken in by one pair of eyes and submitted to a single mind.

At some other Licensing Boards, it is not merely the written, but the entire oral markings, that are reconsidered in a doubtful case.

The visitors find fault with the numerical system as being far too arbitrary, and presenting too little elasticity to meet the cases of the various measures of ability that present themselves before it; and they suggest a system of percentage instead, by which effect would be given to very high as well as very low marks, and they are very emphatic in recommending a second oral in doubtful cases.

It is a very curious fact that the same wants, which the visitors of 1873-4 reported on, should continue still to exist in these examinations. These were referred to in former essays, but none the less must be noticed here, viz., absence of dissections and examinations in Chemistry, Materia Medica, and Microscopical Pathology.

The Council of the College of Surgeons do not give in easily to the visitors, but defend their system point by point where it is attacked. On the subject of the alleged physiological defects, they deny that the portions of subjects examined into are too advanced, and point out that the written examination makes ample provision for the elementary and fundamental parts, the omission of which they have noticed in the oral. Here I would introduce some specimen questions were it not that the diminishing importance of these separate examinations makes it a matter of smaller moment, as to the side to which the balance of criticism on this point must incline. For myself, I think the physiological examination is pitched too high, and so leave it.

Visitors objected to the absence of Comparative Anatomy from the examination, but as a teacher of some experience, I will only say with regard to this : that the absence of it is rather an excellence than a defect. If candidates cannot take in as much ordinary anatomy for their primary, as will leave a small residuum for the second half, how utterly repugnant to common sense is it not to propose to still further diminish the brain-room for it at their disposal ?

The reply of the College as to the absence of practical dissections is in our opinion unanswerable ; they say it is impracticable, and we agree with them.

With regard to the objections of too limited time for the oral part of the examinations, the Council very properly defend the practice on the plea that this is absolutely necessary where large numbers have to be examined, and that in very few cases only is there the slightest room for doubt as to whether a candidate ought to pass or not, and that where such doubt does arise, another oral is in reality allowed. As to the marking, the Council defend themselves as regards the rejecting marks, by the statement that these are never set down against a candidate save where the case is clear. A suggestion of the visitors, that

failure in the written ought to disqualify for the oral, is not quite consistent with their previous remarks ; and the College Council justify their refusal to act on the suggestion, by the statement that not more than five per cent. failed in the written examination. With regard to the performance of actual operations at the final examinations, the Council declare it to be impracticable, and express strong doubts, even if practicable, as to whether it might not lead to great injustice to candidates. As an operating surgeon I would say there is no little truth in this view of the case, for if it takes time to produce the necessary coolness of head and steadiness of hand in the case of an operating surgeon, how are we to expect those qualities to be born instantaneously like another Minerva in the cases of the unfortunate students, and if not born in the instant, what kind of operating are we to expect from them ? Taking it all in all, I agree with the Council, that the simulacrum of operating which is now actually gone through by means of the candidate explaining the various stages of the operations, and illustrating them by the use of the corresponding instruments, is as near a step towards perfection as under all the circumstances can be attained.

Very different is my verdict as to the charge made by the visitors, that candidates are not universally required to apply splints and bandages. The defence of the Council is childish. They tell us that their curriculum requires that knowledge of the application of these should be acquired during the course. Many things are supposed to be acquired that never are acquired, and there can be no such obstacle here as a scarcity of subjects.

Equally untenable is their defence against the charge of non-universality of urinary testings.

ROYAL COLLEGE OF PHYSICIANS, LONDON.

The anatomical and physiological examination of this College is not largely availed of by candidates, inasmuch as it accepts corresponding examinations of other Bodies. A few only who seek no other qualification present themselves for this examination. These few content themselves with this diploma. Some of the public authorities recognise its undoubted pretensions to be a complete qualification. The examination is divided into

written and oral. Three hours are allowed for the former, and the papers are submitted to the inspection of all the examiners. The oral is only nominally limited to a quarter of an hour. Students therefore have the advantage when backward of enjoying a longer period than the stinted fifteen minutes. This additional time is generally saved out of the quarter hours of smarter candidates ; but is not always so acquired. The examination is a very practical test, as dissections, both recent and preserved sections, and microscopical preparations enter into it. The physiological portion is fully equal to the anatomical one. The professional part of the examinations here is excellent. The microscopical and chemical investigations of urinary exhibits, such as crystals, amorphous deposits, etc., cannot be excelled for exactitude and completeness. Anything which might be left undescribed after looking into the microscopes is subsequently elicited by a minute and discursive cross-examination. The clinical examinations possess the advantage of cases selected with unusual care, and of unlimited time for their examination and description. The absence, however, of any oral examination, either at the bedside or on the written answers, is an imperfection

Exception has been taken by the Medical Council visitors to the fact that one of the examiners works singly, which is contrary to the rules of the Medical Council. The true remedy of course would be to increase the number to four, since, in our opinion, to oblige the three to drive in a common harness would be impracticable. This last, however, is the view taken by the visitors. The few candidates who are examined in clinical surgery here are subjected to an oral examen exclusively on each case submitted to them. Thus instead of writing the diagnosis, prognosis, and treatment of each case, they simply make a laborious examination of it, and are then put through a very thorough verbal examination. Pathology is very searchingly examined into, and both it and questions in practical surgery are illustrated by a copious supply of specimens. Actual operations are performed here, but they are not compulsory on every candidate. The examinations in midwifery and diseases of women are thorough, and care is taken to compensate for weakness in any portion of the written by a comprehensive verbal sifting.

APOTHECARIES' SOCIETY OF LONDON.

The Anatomical examination here includes no practical dissections, and is therefore defective in one of the most important items. Topographical anatomy on the living subject is a leading feature, but it was; and continues to be, imperfectly carried out.

Nothing can be more valuable than the recognition by students of the exact site of the different organs, their area, etc.; and indeed to this all anatomical teaching should tend.

Topographical Anatomy, however, which is wanting in exactness and precision is of very little value. Nothing in our mind can make up for the absence of the dead subject. The light shed on the existing defects in anatomical teaching by the facts observed at these examinations by the visitors 1881-'82 is one of the most valuable outcomes of the whole visitation. When we find students who, from the fact of having obtained the diplomas of leading examining bodies, must have passed a searching anatomical examination, failing lamentably in turning that knowledge to practical account, the time has arrived for gravely considering the necessity for largely modifying, if not reconstructing, the whole system of anatomical instruction.

The examination in Physiology is narrow and superficial, though from the pretentious character of the printed questions it might seem otherwise. The visitors spoke in condemnatory terms of this part of the examination; but an advance has since been made; the principal item of which, however, consists in the completer separation of this subject from the anatomical one.

Hygiene and Mental diseases are now examined in. The examinations in Chemistry, Toxicology, and Botany have been considerably improved since the date of the visitors' report; they are not, however, up to the "expert" level, but few will find in this fact matter for complaint. Materia Medica, Therapeutics, Forensic Medicine, and Practice of Medicine are well examined in.

Histology and Pathology are thoroughly examined in; indeed the examinations are spoken of as models.

The Clinical examens here are of an inferior kind, and some striking instances are recorded of the passing of candidates whose

knowledge markedly unfitted them for entrance to the practice of their profession. The Midwifery examination has always been a most respectable one, as might be expected, from the fact that this body has been for so long a period the licenser of so large a proportion of the English profession. Surgery is now examined in, but, without insinuating that the examen is an unreality, its inferiority strikingly enforces the advantages of sub-division of labour, and the consequent folly of striving to make each body complete in itself, a *factotum*, as it were, which, in its efforts to be everything, is sure in process of time to end in being nothing.

THE ENGLISH CONJOINT SCHEME (ITS CURRICULUM AND EXAMINATIONS).

This now is in full working order, and almost all the students who used to pass the separate examinations of the two Colleges now pass these. This will be more readily seen at a glance by enumerating the points in which it differs from that of the Royal College of Surgeons of England published in another page. The first point of difference is the diminution of the time of professional study for three months; the College of Surgeons requires four full years, embracing four Winter and four Summer Sessions. This means four Winters and four Summers at a medical school. Under the conjoint scheme three Winters and two Summers suffice.* The remaining twenty-one months may apparently be spent under the tutelage of a local practitioner. (2) One course of Anatomy less is required. (3) Six months less Clinical Surgery are required. (4) Ten labours additional are required. (5) Three months clinical study of diseases of women are demanded. (6) Hospital practice. While the College of Surgeons requires three Winters' and two Summers' surgical practice and also one Winter and one Summer medical practice, under the Conjoint Scheme three Winters' and two Summers' suffice.* (7) Hospital appointments under the new Scheme:—Six months must be spent as Clinical clerk and six months as Surgical dresser; under the College of Surgeons Scheme the last only was required. (8) There is no change in

* This is taken from the published regulations, but must clearly be altered to meet the views of the Medical Council.

the vaccination or other certificates, but the school examinations required by the College of Surgeons in Elementary Anatomy and Physiology are not included in the new programme.

THE CONJOINT EXAMINATIONS.

Still comparing the arrangements under the new Conjoint Scheme with those of the English College of Surgeons we find that:—(1) The number of examinations is increased by one. This is held one year after registration, and comprises Chemistry, Chemical Physics, Materia Medica and Pharmacy, and Elementary Anatomy and Physiology. The second examination is held six months after the first, and comprises Anatomy and Physiology, which may be taken separately. Materia Medica and Pharmacy may be taken at this examination. The third examination is held two years after second examination, forty-five months after registration, and includes Medicine, Surgery, Midwifery and Diseases of Women. (Forensic Medicine and Public Health are included.) Each part may be taken separately, or at one time. Candidates who are rejected at the first or second examination are not re-admitted until after three months; those who are rejected at the final are not allowed up until six months have elapsed.

The Conjoint Scheme authorities reserve to themselves a right of admitting Foreign and Colonial and Home qualified men under special regulations.

The nature of these examinations is exactly the same as those described under the head of College of Physicians and Surgeons, and hence the fulness of detail which we have indulged in about them. The two Royal Colleges have now put everything in training for an application to the Crown for a new Charter to enable them to confer the degree of M.D. on all who shall have passed examinations, both literary and professional, of adequate stringency. After the disclosures of the University visitors it is impossible to deny the superiority over those of most, if not all the Universities, of the professional examinations of these Colleges and the equality at least of the literary attainments of their examinees.

CONJOINT CURRICULUM AND EXAMINATIONS OF EDINBURGH COLLEGES AND GLASGOW FACULTY.

These will be best studied by comparing them with those of one of the independent Licensing Bodies as was done in the case of the sister Scheme in England. We will therefore compare them with the Edinburgh College of Surgeons, noting down the points of difference only.

First, the Curriculum :

Four Winters at a medical school are compulsory under the new Scheme. Whereas, three Winters sufficed under the separate Scheme of the College of Surgeons. Six months less Anatomy are required. In Physiology six months are required instead of fifty lectures. In Clinical Medicine three months extra are required.

EXAMINATIONS.

Number of examinations—3. The College of Surgeons had one only, but then it for a long time almost exclusively either gave a conjoint diploma with the College of Physicians or gave diplomas to those having some medical qualification. The first examination is held at the end of first year, and the subjects are Chemistry, Elementary Anatomy and Histology. The second examination is held at the end of Summer Session of second complete year, and includes Anatomy, Physiology, Materia Medica, and Pharmacy. The final examination is held at the end of full period of study, and comprises Medicine, Clinical Medicine, Surgery, Clinical Surgery, Midwifery and Gynæcology, Medical Jurisprudence and Hygiene.

All the particulars narrated of the examinations under the heads of Edinburgh Colleges and Glasgow Faculty apply to these. When the examinations are held in Glasgow there is of course plenty of subjects for practical purposes, and such abundance is fully availed of.

THE SCOTCH UNIVERSITIES.

At the cost of a brief repetition we give the following birds-eye view of the curriculum and examination of the Scotch

Universities. These are bound to be more or less uniform, as they must all receive the sanction of the Privy Council under the provision of the Scottish Universities Act. The age must be twenty-one. A preliminary examination must be passed or a degree in Arts or its equivalent must be obtained. Four years must be spent in professional study, and of these one year must be spent at the University whose degree is sought, and another either at the same or some other university. One hundred lectures must be attended in each of the following subjects:—Anatomy, Practical Anatomy, Physiology, Chemistry, Materia Medica, Pathology, Medicine, Clinical Medicine, Surgery, Clinical Surgery, and Midwifery; and fifty lectures in each of the following:—Practical Chemistry, Zoology, Botany, and Medical Jurisprudence. Three months' midwifery hospital attendance alone is required; in lieu of this six cases of labour will qualify. Twenty-four months' hospital attendance must be put in together with six months in the out-department or with a general practitioner.

EXAMINATIONS.

Edinburgh (1) Chemistry, Botany, and Natural History; (2) Anatomy, Institutes of Medicine, Materia Medica (including Practical Pharmacy) and Pathology; (3) Surgery, Practice of Medicine, Midwifery and Medical Jurisprudence; (4) Clinical Medicine, and Surgery in an hospital. The first may take place before the Second Winter Session and the second examination before the Third Winter Session. The last two examinations cannot take place until the candidate has completed his fourth *Annus Medicus*.

In Glasgow No. 1 Examination comprises:—

(1) Chemistry, Botany, and Natural History; (2) Anatomy and Physiology; (3) Regional Anatomy, Materia Medica, and Pharmacy; (4) Surgery, Clinical Surgery, Medicine, Clinical Medicine, Pathology, Midwifery and Forensic Medicine. The times for passing the above are substantially the same as at Edinburgh.

At Aberdeen:—

(1) Examination, Botany, Natural History, Chemistry, and Anatomy; (2) Regional Anatomy, Institutes of Medicine, Materia Medica, and Surgery; (3) Practice of Medicine,

Clinical Medicine, Clinical Surgery, Midwifery, Pathological Anatomy and Medical Jurisprudence.

At St. Andrew's:—

(1) Examination, Chemistry, Botany, Elementary Anatomy, and Materia Medica; (2) Advanced Anatomy, Zoology, with Comparative Anatomy, Physiology, and Surgery; (3) Practice of Medicine, Clinical Medicine, Clinical Surgery, Midwifery, General Pathology, and Medical Jurisprudence.

At the Universities of Aberdeen and St. Andrew's, the examinations in the first division of subjects may be passed at the end of the second year (except that at Aberdeen the examination in Botany and Natural History may be passed at the examination term preceding the Second Winter Session); the examination in the second division at the end of the third year; and that in the third division at the end of the fourth year. Candidates may be admitted to examination on the first two divisions at the end of the third year, or to the three examinations at the end of the fourth year.

There is a further examination for the degree of M.D., but this consists merely in the production of a thesis. At St. Andrew's, however, no thesis is required, but a modified examination in practical subjects is exacted.

UNIVERSITY OF OXFORD.

M.B. EXAMINATION.

This is nominally divided into two parts, the "First" and "Final," but inasmuch as candidates may split the primary subjects, there may be several examinations for the degree. Subjects for the "First Examination" are Chemistry, Physics, and Biology. The Chemical examination is divided into two parts, the theoretic and the demonstrative. Laboratory work enters into the latter. The second subject for examination is Physics; and this includes Heat, Light, Sound, Magnetism, Electricity, and Mechanics. Biology is made to include Anatomy, Physiology, Physiological Chemistry, Zoology, Botany, and Histology.

Two years must be spent in preparation for this first examination. These are reckoned from the date of passing the A.B.

examination, which latter degree is compulsory on all who seek the medical qualifications of Oxford. There are some exceptions to this two years' rule. Thus, Honour men in Natural Science are free to go in for Chemistry and Physics before the two years are up ; but then the balance of the subjects can only be passed at the end of the period.

FINAL M.B. EXAMINATION.

Two years must elapse from date of first before this can be gone in for. The Medical Visitors of 1885 have laid bare the surprising fact that no curriculum is required for those two years beyond attendance at an hospital for no defined period, nor is any dressership compulsory. The examination itself consists of a written, an oral, and a clinical portion. There are fourteen written questions, of which seven are under the head of Pathology and seven under that of Therapeutics. Three hours are allowed for each part of the written examinations. A moiety of the foregoing in point of fact relates to pure medicine. The curious arrangement exists of not defining for candidates the number of questions they are bound to answer. The clinical examinations are excellent. There are neither dissections nor surgical operations for this examination. Surgical operations are confined to the Mastership in Surgery examination. Writing prescriptions is not obligatory on all. The visitors publish specimens of two in their report, and in one of these the Latinity is decidedly bad ; the nominative case being substituted for the genitive. The *viva voce* is merely formal for good men, but is used with good effect to give doubtful men a reasonable chance. The examination in Pathology is conducted in the museum. The actual subjects examined on are Medicine, Surgery, Midwifery, Therapeutics, Materia Medica, Pathology, and the Microscope. The clinical examination is conducted at the bedside. Here the candidate examines the patient, makes his notes, and then retires to the next room for fuller elaboration. He is then examined, not only upon that but upon some other case. This examination is most exhaustive, occupying as it oftentimes does, hours at a time. Candidates are of course required to test urine and to examine it microscopically.

The examination in Surgery for the M.B. consists of a written, a clinical, and a practical part. The practical part does not include operations, or even questions in Regional Anatomy. It was confined in 1885 to the identification of instruments and pathological specimens. On this part of the examination the visitors offer the significant comment that it was by no means of an extent which should be deemed sufficient for the conferring of a registrable qualification. It is further suggested that if this degree were not conferred except on those who may have passed the conjoint examination for England, its value would be considerably enhanced. This is a mild way of putting the case, but few will miss the full meaning. In midwifery no curriculum of study is laid down, and though the examination has been described as one of a character sufficient to allow none to pass who did not possess the necessary skill and knowledge for practice, yet it is a mere pass examination, without any higher pretensions than those to be found elsewhere. It is divided into three parts, a written, a practical, and an oral. The oral is *pro forma*, save for doubtful men. The practical is the real oral, takes cognizance of instruments, specimens, etc., and is most searching. In the written the same number of questions are given as in the other subjects, and as in their case, no direction is given the candidate as to the number which he is to answer. Of the whole examination, the visitors tell us that it is not a satisfactory test of the candidate's fitness to have his name inserted on the Medical Register. On the claim of this degree to rank as a higher grade one, they tell us that it has no claim to such a position, as the "successful candidates were neither more exhaustively tested nor shown to possess a higher standard of excellence than elsewhere."

Formerly Oxford, while palming off its M.B. degree as one of the higher qualifications, did not ask any one to accept it as a complete one. Indeed for a long time it was opposed to conferring its surgical degree, and threw all its weight in favour of candidates going for their surgical qualification to the London College. The march of events proved, however, too much for them, and in their Mastership of Surgery they have now made such provision as a University can make, for an all round qualification. We are satisfied, and a very few years will demonstrate

the correctness of our views, that the universities will be less able than even a single college, to provide these adequate all round qualifications. The Oxford mastership of surgery is not conferred *ipso facto* on holders of M.B. degrees, as is the case with the Bachelorship. On the contrary, a respectable examination is required. Two surgical examiners are forthcoming. A certificate of dressership, whatever that may be worth, is demanded, and regional anatomy and surgical operations are required.

The evils complained of by the visitors are about to be remedied according to their suggestions.

CAMBRIDGE UNIVERSITY.

M.B. EXAMINATION.

Candidates have to pass, or to produce a substitute for, the Arts examination, known as the previous examination, before being admitted for the "First" M.B. The examinations for the M.B. are three in number "First," "Second" and "Third."

The "First" Examination—

The subjects for this are Chemistry, Physics, and Elementary Biology. These may be taken together or in two divisions. Certificates of attendance on Chemistry and Laboratory work must be first produced.

The "Second" Examination—

The subjects required are Anatomy and Physiology, Pharmacy, and Pharmaceutical Chemistry. Candidates may sub-divide this also into two parts; the important subjects of Anatomy and Physiology constituting one, while Pharmacy and its ally make up the other.

For these examinations, certificates must be produced of attendance on lectures on (1) Anatomy, on (2) Physiology, (3) of having dissected, (4) Hospital Practice. Each of these courses must be of six months' duration.

"Third" Examination—

Candidates must produce certificates of twelve months' attendance at the Surgical Practice of a recognised hospital,

where Clinical lectures on Surgery are delivered. (2) A vaccination certificate from an authorised vaccinator. (3) Ten cases of labour must have been attended, as also one course of lectures each on Midwifery, Surgery, and Pathological Anatomy. This examination is further sub-divided, and Surgery and Midwifery must be taken up for the first part of it.

(Second division of "Third" Examination for M.B.)—

This can only be gone in for when all the preceding ones have been passed, and consequently only at the end of the medical course. The candidate must produce a certificate of having attended for three years the medical practice of an hospital where Clinical lectures are delivered. He must have attended lectures on Physic, Materia Medica, and Medical Jurisprudence; lastly, he must have acted as a Clinical clerk, or must have had care of patients under a qualified practitioner for six months.

At this second half of the "Third" examination, students are examined in the Practice of Medicine, Medical Jurisprudence, Pathology, and Hygiene. All these various examinations are wound up by the performance of what is called the "Act," which is simply a reproduction of the continental and old mediæval custom of reading and defending a Thesis, which has been so graphically described by Longfellow in one of his most charming poems.

The Bachelorship of Surgery—

This may be passed after the first half of the M.B. examination. Two years' attendance at a surgical hospital is required. Six months dressership must also be produced. One course of surgery must be taken out. The candidate is then examined in the theory and practice of surgery; must perform operations, use appliances, and examine surgical patients. Surgical Anatomy is also tested. Before final admission to the Mastership of Surgery the last M.B. examination must be passed. All candidates for Medical degrees must first spend three academical years in Cambridge, but it is not compulsory to take out an Arts degree, or even to attend the medical school at all.

The numerical system of marking is used here. Fifty per

cent. is required to qualify in each group of subjects. Special ignorance in one subject will nevertheless reject. At the second half of the "Third" M.B. examination, Medicine, Pathology, Hygiene, Prescriptions, and Forensic Medicine, are examined on, at the written part; Oral Questioning, the Microscope, and Clinical testing, complete the process. The Clinical examinations are very exhaustive here; the fullest time is allowed for the examination of patients. The out-patient department is availed of also, and here the examiners are present and cross-examine while the students are at work. Exception has been taken by the medical visitors to the excessive value assigned to Pathology in the list of marking, while at the same time they were very emphatic in condemning the relatively low value assigned to Medicine. The University authorities, however, here, as at Oxford, ask questions in pure Physic under cover of the term Pathology; so that it is not correct to set down the real proportion as being exactly what the visitors stated. Besides they very properly hold that extra stress should be laid on all examinations on subjects which constitute the foundation of medical science, and which, above all, are not likely to be added to in after life. With some confidence and with some knowledge of teaching generally, and of its outcome in after years, the writer would modestly throw his voice into the same scale with the Cambridge authorities. No examination in Clinical Surgery is held for the purely medical degree, but is reserved for the independent surgical one. This arrangement has been criticised adversely; but in this we do not join, as the more distinctive the degrees are, the more valuable will they be. Such distinctiveness is only to be preserved by assigning special regions to special degrees. The Midwifery department is the weakest of the Cambridge school. The curriculum is said to be defective since no attendance at a midwifery hospital is required, nor is any clinical examination held in the diseases peculiar to women. It is our conviction that twenty labours taken out under the eye of a practitioner, afford more information than the usual hospital attendance. We respectfully dissent, therefore, from Dr. Kidd's view of this matter. Of course the system of private certificates requires to be fenced in, for it is at present grossly abused. We would have, therefore, the examining Body notify

beforehand that Mr. So-and-so was engaged in the practice of Midwifery under Dr. So-and-so, and a duplicate copy of the announcement should be forwarded, either to one of the Medical Journals, or to the next branch of the Medical Association, or perhaps to the Obstetrical Society. Moreover, the certificate itself should state the names and addresses of the women attended, as well as the dates of attendance. Now if this is anything but complimentary to the profession, I can only say that the readiness to sign certificates, which are simply written lies, render such precautions as these imperative, if private certification is not to be a sham. It may of course be said at once, why go to all this bother? Why not confine your certificates to hospitals? Well then for three reasons: First, because it is most desirable that a magnificent field of practice, so largely unutilised, should be availed of; secondly, because it is right and proper that provincial men should have a share in clinical teaching; and lastly, because hospital certification itself is not free from fraud, since it is an everyday occurrence that students either put their names down for cases which they never attend, or attend them merely to run from them again.

With regard to the Doctorship of Medicine of this University it can only be obtained three years after the Bachelorship in the case of ordinary candidates (M.A.'s enjoy special privileges), and the examination is rather supplementary than otherwise to the previous examinations, a Thesis and an extempore essay constituting its main features.

MASTERSHIP OF SURGERY.

A practical examination is held for this; it comprises Surgery, Pathology, Surgical Anatomy, Operations, and Clinical Surgery; finally the candidates must write a short essay. Two years in addition must elapse after the student has qualified for the Bachelorship, before he can go in for the Mastership.

UNIVERSITY OF DURHAM.

In addition to the usual conditions as regards age, registration, and a four years' curriculum, candidates for the M.B. degree are required to pass an extra examination in Arts (I), or the

preliminary of this University (2), or must be graduates of some other University (3). They must take out two Winter and two Summer lectures at its medical school, must pass the corresponding class examinations while attending; lastly, must attend its own hospital for a session. The time for this last is left optional. The remaining three years must be spent at a recognised medical school. Candidates are obliged to have attended Anatomy, two Winters; Dissections, three Winters; Physiology, one Winter; Practical Physiology, one Winter; Chemistry, Practical Chemistry, Materia Medica, and Practical Pharmacy, one course each; Morbid Anatomy, one course; Midwifery and Forensic Medicine, a course each; Botany, one course; Therapeutics, one course; Public Health, one course; Medicine and Surgery, two courses each; six months' clerkship and six months' dressership and three months' Clinical Midwifery, with twenty-one cases of labour, are required. Three months' Surgical Operations are required for the Surgical degree.

Two Winter and two Summer sessions of attendance on clinical medical lectures, and two Winter and two Summer attendance on clinical surgical lectures, are required; while three Winter's attendance and two Summer's attendance on medical and surgical hospital practice, with *post-mortem* demonstrations, are demanded. A vaccination certificate must also be forthcoming.

First examination for M.B. comprises Elementary Anatomy, Elementary Physiology, Chemistry with Physics and Botany.

The second examination includes Anatomy, Physiology, Materia Medica, with Pharmacy.

The subjects for the final are Surgery, Medicine, Midwifery, Diseases of Women and Children, Pathology, Hygiene, Materia Medica, Therapeutics and Forensic Medicine. Students are not admitted to the second part before the end of their second year, nor to the third part before the end of their fourth year.

The third part consists of a Written, an Oral, and a Clinical portion. Abundant time is allowed for each. Each question is valued at a hundred, and of these 50 per cent. must be answered in the more, and 40 in the less important subjects. The questions are submitted beforehand to the whole Board, and the judgment on the answering in each subject is never the outcome of a single

individual. Thus in the clinical and oral, an examiner and an assessor respectively amerce the marks, and the judgment is the mean of the two. The clinical examination is conducted at the hospital, and is in every way excellent. The examiner is present and watches the proceedings, cross-examines the candidate on his method of Physical diagnosis, and when he has finished his noting, takes him out of ear-shot of the patient, and then submits him to a lengthened oral not only upon that but upon another case. The recognition of instruments, and the use of appliances are thoroughly tested also. The microscope and urinary investigations are awarded their proper places. The practice of stopping candidates who have hopelessly broken down in the written parts prevails here, while gross deficiency in one subject cannot be compensated for by excellence in others. The final lists are divided into honour and pass. Those who obtain a certain high percentage are placed in the first grade, and so on down to the mere pass man.

MASTERSHIP IN SURGERY.

For this degree they must have the M.B. and pass a surgical examination, which embraces, in addition to that passed for the the M.B., questions in practical surgery, another clinical examination, and operations on the dead body.

The visitors speak disparagingly of the operative part of this examination. They tell us that the candidates were all allowed to be present together and to assist and prompt each other. That blunders were condoned, answers over-estimated, and no questions whatever put as to why this incision was made, or why that instrument was used. One useful result has attended these comments, viz.—a complete reformation in these operative examinations.

Too much relative importance has been attached at all these examinations, to the secondary subjects, viz., those other than surgery, medicine, and midwifery. Indeed it was made subject of complaint, that candidates who had obtained large excess marks in the three practical subjects, were nevertheless rejected for being a little behind the 40 per cent. standard in the subordinate ones. A suggestion was thrown out here that the judgment in a given case ought to be based on the written, oral, and

clinical combined. This would take no account of the economy of time to be gained by stopping a candidate who might completely break down in the written. In curious contradiction to this is the further proposal, that failure in the clinical alone should stop a candidate.

Attendance at a fever hospital was not required until lately. Curiously enough the introduction of pathological preparations into the examinations is of late occurrence also. A (B.S.) degree has recently been instituted here, the examinations for which are somewhat similar to those for the M.S.

M.D. EXAMINATION.

Candidates must be twenty-four; must have obtained the M.B., and have spent two years subsequently at a medical school, in private practice, or in the public service. They must write a thesis on some subject which has the approval of the professor of medicine, and on this they are examined as well as upon any other subject having any connexion with it.

M.D. FOR PRACTITIONERS ABOVE 15 YEARS' STANDING.

Candidates must not be less than forty, registered, and of not less than fifteen years *bonâ fide* practice. They must pass an examination in Arts if they have not passed a preliminary one, and even where the latter has been passed, some Latin translation is required. The Arts examination may be briefly stated to be the equivalent of the preliminary now recommended by the General Council. The professional examination includes Medicine, Surgery, Midwifery, Therapeutics, Anatomy, Pathology, Medical Jurisprudence, Diseases of Women and Children, Hygiene, Mental Diseases, and Toxicology. The examination is the same as that for M.B., but the clinical is not only not harder, as it ought to be, but parties have sometimes been actually let off on easier terms; complaint has been made that they have not been even tested in the use of appliances.

A certain amount of reciprocity exists between this and other licensing bodies. Thus parties who have passed its first two examinations are exempted from the corresponding ones of the Conjoint Board of England, while parties who have passed the

latter, or are holders of other diplomas, are exempt from its corresponding examinations, save in the subjects of Chemistry, Physics, and Botany.

THE UNIVERSITY OF LONDON.

PLURAL EXAMINATION.

The curriculum is as follows :—Candidates must pass (1) the well-known preliminary examination ; (2) a preliminary scientific examination. They must spend four years in medical study at a recognised medical school, but of these four, three may be spent at a recognised foreign school. The first examination in Medicine can only be passed two full years after the preliminary scientific one ; this is called the Intermediate Examination, and for it the following certificates are necessary. The candidate must be nineteen years of age and must have attended a course of lectures on each of three subjects picked out of the following list :—Descriptive and Surgical Anatomy, Physiology and Histology, Pathological Anatomy, Materia Medica and Pharmacy, General Pathology, General Therapeutics, Forensic Medicine, Hygiene, Obstetric Medicine, and Diseases peculiar to Women and Children, Surgery and Medicine.

He must have dissected for two winters ; must have attended a course of Practical Chemistry, including an extensive course of analysis of adulterations, medicine, food, urine, etc. Practical Pharmacy is also required. Candidates are examined in Anatomy, Physiology and Histology, Materia Medica and Pharmaceutical Chemistry, Organic Chemistry and Principles of Ultimate Analysis.

M.B. EXAMINATION.

This examination can only be passed two full years after the intermediate one. Candidates must produce certificates for two courses of medical lectures, in addition to those already attended ; of having conducted twenty labours ; of having attended the surgical practice of an hospital for two years, where clinical surgical lectures are delivered, and of having attended for a like period the medical practice of an hospital, where medical clinical

lectures are delivered. All candidates are required to produce a certificate that after twelve months of hospital attendance, which must be gone through after they have passed the intermediate examination, they have spent a period of not less than six months at practical medicine or midwifery with actual charge of patients at an hospital, or union workhouse, infirmary, or dispensary. A certificate in vaccination from an authorised vaccinator and a certificate of moral character must also be produced. The following are the subjects for examination : General Pathology, General Therapeutics and Hygiene, Surgery, Medicine, Obstetric Medicine, Forensic Medicine. Some questions are also given in Surgical and Medical Anatomy, Pathological Anatomy, and Pathological Chemistry. A competent knowledge of each subject is necessary for a pass.

The examinations are divided into three parts—written, oral, and clinical. With regard to the first, abundant time is allowed, and every reasonable explanation of difficult questions is given. The scant number of the questions has, however, been found fault with, and the regulations on this point are still adhered to. With regard to the second, it is conducted by two examiners in each department ; on some occasions one of these acts as assessor, but when a doubtful candidate presents himself the second examiner's powers, as well as his vote, are brought into requisition. At the clinical, abundant time is allowed and the candidates are left to themselves to the extent of not being questioned at their work or cross-examined on their methods of arriving at results.

The system of marking at this University is a mixed one, numerals being used in the case of the more important, verbal distinctions in those of the less important subjects. There is no minimum standard ; and notwithstanding the allegations that a competent knowledge of each subject is insisted upon, and that consequently the doctrine of " compensation " is not acted upon, the very reverse was proved to be the fact on the occasion of the last visitation.

Fault has been found with the small proportion of oral questions given at these examinations, the relation which the oral bears to the written being as 14·3 are to 85·7 per cent. The clinical has been adjudged incomplete, unsatisfactory, and

quite inferior to like examinations elsewhere. There was neither adequate time allowed, nor supervision provided. We have been able to ascertain that the method of conducting these examinations remains substantially the same. As regards the surgical examination, the visitors describe it as so unsatisfactory to the parties who only passed, that they did not deserve a place on the Medical Register.

In giving that opinion, they no doubt beat about the bush, indulging in a little polite circumlocution ; such, however, is the plain and obvious meaning of their words ; and what a light does it not shed on this pet degree heretofore looked up to with such respect, if not downright awe ? The visitors further tell us that the surgical standard must be raised, the area of examination extended, and those for the two degrees of B.S. and M.B. fused together, in order to produce a satisfactory examination from the junction. Some significant instances are given in the visitors' Report, of men being allowed to pass, and pass with honours too, who were so bad in individual subjects that it is no exaggeration to say they would have been rejected at the Apothecaries' Hall if found equally deficient.

B.S. EXAMINATION.

Candidates are required for this to have passed the M.B. examination, and to have taken out a course of surgical operations. They are examined in Surgical Anatomy, Clinical and Operative Surgery (the latter includes bandaging, the recognition of instruments, and the application of appliances). The examination is both by papers and *viva voce*. The marking is by the numerical method. The same faults are found with this examination, by the visitors ; but here, too, the *viva voce* has been increased.

MASTERSHIP IN SURGERY.

Candidates must first pass the B.S. examination, and must produce certificates of two years' subsequent attendance on Clinical Surgery at a recognised hospital. In those cases where parties have been three years in practice, one year of such attendance will suffice, but this must be exclusive of the private practice. Five years medical practice will dispense with the

hospital certificate altogether. The examination is both written and oral ; and parties may pass in Logic and Psychology, or in Mental Physiology, and of course in Surgery.

DOCTOR OF MEDICINE.

Certificates must be produced analogous to those produced for Mastership in Surgery. Mental Physiology and Medicine here constitute the leading planks of the examination.

Candidates who are enabled to obtain sufficiently high marks are provided with money prizes and medals at the various examinations.

The question which has been discussed elsewhere as to Hospital Midwifery Certificates *v.* those of Private Practitioners, was here again raised by the visitors of 1885. We have nothing on this point to add to the views which we have expressed elsewhere.

Now with regard to the surgical part of the M.B. examination, the conclusion of this article seems the proper place to discuss an important question arising out of the comments thereon by the visitors of 1885. In a former portion of this article a general reference is made to the unsatisfactory verdict they pronounce upon this examination. Briefly stated, they want it to be as perfect as that for the B.S. They tell us that there were no operations on the dead subject, no bandaging, no clinical testing, and no recognition, etc., of appliances. Now the whole of this amounts to an attempt to ignore the fact that the M.B. is, and ought only to be, a medical degree, and that any attempt to ignore the partial nature of this or of any other qualification will only end in a confusion of degrees and diplomas, hurtful to the best interests of the profession and of the public. Happily, under the new Act the temptation to enter upon such a mistaken policy as this, is removed, and differentiation, which marks development and not disintegration, will, we trust, be in the ascendant.

One most striking position has been taken up by this University which demands passing notice here. It is true that the law of its being obliges it to take up this position. For is it not a mere Examining Board ? and does it not see in examinations the be-all and the end-all of university life ? When,

therefore, it stoutly holds out for non-compulsion in the vital matter of curriculum, it is only true to the principle of its own existence. It has no right, however, to stop short at non-compulsion in the matter of some medical lectures ; but to be logical, it should cease to enjoin compulsory attendance on any lecture. It very illogically shrinks from this ; but when it does so, it acts so inconsistently that all impartial minds must join in the condemnation which the visitors of 1885 pass on it, for omitting to enforce attendance upon the whole course of practical lectures, viz., Surgery, Medicine, and Midwifery. In conclusion, the reader will peruse with astonishment the announcement, to which the *Medical Press* gave pointed publicity, that the Latin of these London graduates is of a standard so low, that the most ignorant pedagogue could incontinently put them to flight. One more fault has been noted by the visitors, and one more improvement remains still to be effected, that increased time and marks should be allowed in the oral and practical portions of the midwifery examinations.

VICTORIA UNIVERSITY.

M.B. The degrees here are first, M.B., second,

M.D. and third,

M.Ch. The following entrance examination must be passed :—
Latin, Elementary Mathematics, Elementary Mechanics, English, and two of the following subjects :—French, German, Greek, Advanced Mathematics, and English History.

M.B.—Continued. Candidates must be twenty-one years of age, and have spent four years in professional study ; two of those must be spent in a college of the University. It is further ordained that one of these must be spent subsequent to the date of passing the second examination, or as it is termed, the preliminary examination, in science. Of the examinations required for the M.B. there are three—the preliminary examination in science, intermediate examination, and the final examination. The subjects required for the first are : Chemistry, Elementary Biology, and Physics. A year's lectures and laboratory work must be attended in each of these subjects.

Intermediate M.B. examination continued. The subjects required are—1, Anatomy ; 2, Physiology (including Physiological Chemistry and Histology) ; 3, Materia Medica and Pharmacy. The second examination must have been passed previously, and the following courses of instruction must be attended :—Anatomy, six months ; Physiology, twelve months, or one hundred lectures ; Materia Medica and Pharmacy, three months each. Students presenting these tickets must show—1st That the human body has been dissected at least twice, that practical instruction has been received in Physiology, and that the same has been received in Materia Medica and Pharmacy.

Final M.B. or fourth examination. This is subdivided into two. The first part cannot be taken before the end of the third year, and the second before the end of the fourth, but both may be passed together. For the first half, Surgery ; 2nd, Pharmacology and Therapeutics ; 3rd, General Pathology. The second half of the M.B. requires Medicine, practical and clinical ; Surgery, practical and clinical, Medicine, Mental Diseases, Obstetrics, Gynæcology, Morbid Anatomy, Medical Jurisprudence and Hygiene. The lectures required for the first half of the M.B. comprise—1, Surgery, six months ; 2, Pharmacology and Therapeutics, six months ; and 3, General Pathology, one course. For the final M.B., three years' hospital practice are required, and of these two must be spent at a recognised hospital subsequent to the intermediate examination. This rule is only relaxed under very exceptional circumstances. Twelve months' attendance in the *post-mortem* room of an hospital are required. Twenty labour cases must further have been attended, and it is stipulated that this attendance must be made under proper supervision. Three months' clinical attendance at a recognised hospital on diseases of women and children must likewise be made. A certificate in vaccination must be produced. Two Winters' attendance on lectures on medicine at a recognised school must be put in. Two years' Clinical Medicine and two Clinical

Surgery are also required; likewise Practical Surgery, six months; Obstetrics and Gynæcology, six months; General Pathology and Morbid Anatomy, nine months; Forensic Medicine and Hygiene, three months each.

M.D. This can only be obtained by those who have passed the M.B., and that after a year has elapsed. A thesis is required, which must not only be of an approved quality, but must form the text for an oral examination.

Ch.M. This too can only be obtained by M.B.'s and then after a year's interval. Subjects for examination are—1, Surgical Anatomy; 2, Surgical Pathology; 3, Practical Surgery; 4, Operative Surgery; 5, Ophthalmology. In addition, Practical Surgery must be studied for twelve months, and an hospital residency of six months is further enjoined. Courses of lectures on Practical Surgery, Surgical Pathology, and Ophthalmic Surgery are also demanded.

This new University has only lately obtained the power of granting medical degrees. I have made careful inquiries into the amount of strictness required by the examiners, and the results may be summed up in the announcement that the examinations are reasonably severe without being of a character to deter fairly industrious students. The authorities offer in fact an article at a reasonable price *quâ* examination, thus recognising that new concerns cannot be too stiff, and at the same time that there is over them a Medical Council which, spasmodically at least, discharges its duties, and to whose behoof, therefore, some attention must be paid.

ROYAL COLLEGE OF SURGEONS AND PHYSICIANS, EDINBURGH.

DOUBLE QUALIFICATION.

At the primary examination here the greatest fault laid bare by the visitors was the total absence of fresh subjects, and of dissections by candidates. It is a noteworthy fact that the want of limit in the area of the chemical and other examinations here, furnishes the advocates of such limitation with their very strongest argument. For on the occasion of the visitors'

presence in 1881-82 it led to such a gallop over elementary details, as to seriously detract from the value of a test, which, had it been less pretentious, would have been more searching.

In the practical examination here it was the custom not to oblige candidates to perform surgical operations. In this respect no change has taken place ; they are obliged, however, to identify and use instruments. The clinical examinations are excellent, and the practice of examining candidates at once in the hospitals and yet out of hearing of the patients, seems to me to be both humane and free from the exception which I have elsewhere taken to the much lauded clinical system of bringing the patients to the colleges. The visitors report a curious *contretemps* in connexion with one of these examinations. It will be deemed worthy of mention or not, according to the amount of suspicion with which the reader may regard the *bona fides* of these much impugned colleges.

It was indeed a straw, but yet a straw, they say, sometimes indicates important movements. The little *contretemps* in question consisted in the breaking of a deliberate invitation by a whole corps of examiners to the visitors, to be present at the final wind-up of an examination.

These latter punctually attended, but the whole thing was over before they arrived. This may have been due to the over confidence of the *mens conscia recti*, but it would have been much better to have left no loophole for suspicion on the occasion. The absence of practical dissections and of operations on the dead subject at the various examinations here has been fully accounted for by the impossibility of finding material, nor is it possible to find such without an alteration in the law. This is, in the present state of public feeling, utterly unattainable, as the bitter wrangle at a well known English Board of Guardians, over the sending of dead bodies by train, conclusively proves. A rather sharp passage of arms which could not have been at all pleasing to the *amour propre* of the visitors of 1881-82, occurred between them and the authorities here, over the former's recommendation to have surgical anatomy examined at the final. The authorities tartly replied that such a sub-division was impracticable, as all anatomy, and not a mere part only, bears on diagnosis and treatment.

As anatomical teachers we cannot assent to this doctrine ; but shall not advert further to the subject, as we dealt with it elsewhere.

The attempt made by these visitors to induce the Colleges to curtail their examinations in operative surgery, to what they call mere emergency operations, is a retrograde step, and would degrade the surgeons of these countries to the level of the *officier de santé*. Here the visitors received a merited snubbing ; for they both incorrectly estimated the relative difficulties and the relative urgency of operations.

One proposal which was thrown out by the visitors on that occasion cannot be too often condemned here, viz. :—that the written examinations should be conducted at the various educational centres.

These colleges emphatically condemn it, and as we have referred to it elsewhere we will not dwell further on it. It is curious that the single examinations of these colleges were not inquired into by the visitors. Some unimportant bandying of words over details took place also in connexion with the participation of more than one examiner in arriving at decisions on the results of the various parts of the examination. Thus the visitors alleged that one set drew up the written papers and another adjudicated upon them, while the oral men knew nothing of the written papers, and as a consequence were liable to travel over the same ground themselves.

To all these the authorities gave flat denials ; and it is not a little surprising that such a conflict of testimony should have been possible.

The authorities here are, however, unjust to the visitors when they reproach them with making that a virtue in London, which they deem a vice in Edinburgh. It is true that the visitors commend the London system under which one set of examiners adjudicate on the written papers, and another set take charge of the *viva voce*. This does not for a moment imply first, that the latter have not actually looked over the written papers for the purpose of learning, though not for adjudicating on them ; nor second, that the judgment was arrived at by a single examiner instead of by the entire court of written examiners.

The examination in Practical Chemistry, we have reason to

believe, has now become more demonstrative than it was some five years ago.

FACULTY OF PHYSICIANS AND SURGEONS, GLASGOW.

PRIMARY EXAMINATION FOR (SINGLE AND TRIPLE).

This body gives its diploma in conjunction with the two Edinburgh Colleges, and never issues a separate diploma except to those already possessing medical qualification.

The primary examinations for the single diploma as well as for the triple one, are conducted on identical lines.

In the one case the Glasgow men exclusively examine; in the other there is a mixture of examiners. In the good old times these examinations were the haven of refuge for the Pariahs of all other bodies. All this seems now changed; the percentage of rejections is immensely increased. This will be seen at a glance by reference to Table IX. Appendix. There is an examination by practical dissections.

Previous to the visitations of 1881-82 these laboured under the disadvantage arising from the want of sufficient subjects. At that time the candidates picked up an individual structure rather than dissected a part; but that has now been remedied. There exists no such disproportion now, as was at that time matter for just complaint, between examiners and examined. All candidates now perform operations on the dead subject. This is another advance. The examination in chemistry of this Faculty is one of the most excellent among the whole Licensing Bodies.

The microscopical examination and that of urinary deposits are excellent.

This Body joins with many others in preferring to leave to the examiners themselves full discretion with regard to limiting the area of physiology.

The clinical examination for both the single and double are very good. There is this peculiarity that the members of the hospital staffs, whether examiners or not, examine on the cases under their respective charge. This is a decided advantage in

regard to thoroughness, as no mere casual onlooker can make as much out of a case as the person who has had it in charge for some time.

Two methods of clinical examination prevail, and are made to supplement each other. Under the one method the candidate examines the patients at the bedside ; writes a *précis* of his case, and is then examined fully, not only upon that case, but on the notes of some of the others also. Under the other method the patient is brought into the surgeon's room, and here also the candidate is obliged to make a very elaborate examination. Candidates are tested in the use of instruments, and have to apply splints and bandages.

Full justice is done to midwifery, and the examinations in both *Materia Medica* and *Forensic Medicine* are models in their way.

Among the nineteen Licensing Bodies there is no uniform system for estimating the answers of candidates. Some use a numerical method, others a verbal one. Nor is there any absolute identity between these. The point did not escape the visitors of 1881-82 ; and these recommended the introduction of a percentage system. Without concealing a predilection for the latter, the writer is strongly of opinion that this is one of those details in which those Boards ought to be left to themselves, unless they are to be reduced to the condition of mere machines and deprived of all initiative and independent existence.

A suggestion has been thrown out that examiners should be specially suited for the department of work assigned to them. It has also been proposed that they should either be present or past teachers.

The visitors suggest five years as the term of appointment ; but it is a serious question whether ten would not be a more suitable term. In order to prevent a man retaining office, who would develop unexpected want of fitness for the post, each individual when first appointed, ought to be nominated for a term of one year only. Examiners have great influence, and the entire corps are well-known to have had weak members amongst them who were not above discounting their position. A well known grinder could pass any pupils of his, however bad, and the fact was notorious. So far from seeing in this fact a reason

for frequent changes, I would have these important personages hold office for as long as they would not degenerate into old fogies, with a view of keeping out the needy and struggling to whom the office appears to us to hold out too many temptations.

UNIVERSITY OF EDINBURGH.

Three degrees are granted here—M.B., C.M., and M.D. The surgical degree is not conferred separately. The Mastership in Surgery conveys no additional title to increased learning or curriculum, and is merely given to provide the graduate with a second title. This last addition to his scholastic riches is made in order to meet a doubtful point in the Medical Act of 1858.

M.D.

This full degree is only conferred two years after the others have been obtained, and on those who have attained the age of twenty-four years. The usual condition of two years avocation or study is required. Further, the party must be either a graduate in Arts, or have passed an examination in three additional subjects of the preliminary examination. One of those must be Greek, and a second either Logic or Moral Philosophy, and the third must be one of the following: French, German, Higher Mathematics, or Natural Philosophy. An approved Thesis must likewise be presented. This must observe the usual rule of similar compositions, viz., it must refer to some subject within the area of the previous degrees, and it must contain either original researches or a *précis* of those of others.

EXAMINATIONS.

These are four in number.

First this comprises Chemistry, Botany, and Natural History; and it may take place before the commencement of the second Winter Session.

Second comprises Anatomy, Institutes of Medicine, Materia Medica, Practical Pharmacy and Pathology, and may be passed at the end of the third year.

The third includes Surgery, Medicine, Midwifery, and Forensic Medicine.

The fourth, Clinical Medicine and Clinical Surgery.

The examination in these may be taken simultaneously with the preceding one, and constitutes the final examination, but no person can be entered for them until he has completed his fourth year. Both the preliminary and first professional are restricted exactly as recommended by the Medical Council.

CLINICAL EXAMINATIONS.

These consist of examination of cases at the bedside ; second, diagnosis and treatment thereof : next, the student is examined orally on the preceding ; then, he is to recognise instruments ; lastly, he is to chalk out lines for surgical operations. Candidates here are left with the patients, and are subsequently examined on the results of their testing.

The Clinical examination in Medicine includes microscopical and urinary testing. The bedside examination is very exact. It differs from the surgical one in being more thorough ; the professor is present while the candidate is seated by his patient, and puts numerous sifting questions to him. Every medical appliance in ordinary use must be employed. In the written department the questions are drawn up by two examiners. These include Medicine, Surgery, Hygiene, Forensic Medicine, and Midwifery. Two hours are allowed for answering the questions, which usually number four on each subject. Curiously, an answer to one question only is sometimes imperative ; and the usual minimum pass of 50 per cent. is alone demanded. The judgment is that of a single examiner, except in doubtful cases, when that of both is invited.

With regard to re-examinations, here candidates are allowed such, provided they fail only in a single subject. Where, however, the failure is in more than one subject, the candidate will be re-examined in all. With regard to Honours, there is the usual division at this University as regards Pass and Honours. There is this special peculiarity, however, about Edinburgh, that Honours may be here obtained at the class examinations as well as at the professional ones. Students who obtain 75 per cent. at any one of the two special class examinations, held in the classes of the Faculty of Medicine during each session, obtain a certificate of First Class Honours. Those who obtain between 50 and 75

per cent. are granted Second Class Honours. With regard to Honours at the professional examinations, candidates pass "with distinction" where they display special merit at *one* of these examinations, and where they display the same at all the examinations, they are ticketed with First or Second Class Honours, according to the degree of merit. Candidates here are examined by two examiners, save in Clinical Medicine, unless where doubt or difficulty arises. One of these examiners is in all cases the teacher. The visitors of 1885 were very emphatic in their commendation of these examinations. They expressly state that they are such as to secure the possession by those examined of the requisite knowledge and skill for the practice of their profession. The faults they find with the surgical examination have been already indicated. The clinical material at Edinburgh is disproportionately small in comparison with the large classes. Here, another proof is afforded of the necessity for utilising the immense field now running to waste in workhouses and dispensaries. Compulsory clerkships and dresserships there are none, and the same visitors tell us that the amount of work devolving on those who undertake the office is "attenuated to the last degree." The actual clinical training is, however, a model of teaching. A patient is produced before the whole class. The taker of the case reads his notes, and is cross-examined. This obliges a renewed and still more complete examination of the patient. As a rule, no one student makes this complete examination, but it is divided amongst a number, one examining this organ and another that. As already stated, the students are judged, not so much by the diagnosis, as by their method of investigation, their knowledge of details, and their acquaintance with regional anatomy. The examiners here were singled out by the visitors of 1885 for an exceptional meed of praise; and they were described as possessing, not so much the capacity for exposing ignorance, as for drawing out latent knowledge, by their skill, patience, and experience. We doubt the wisdom of such a compliment.

No operation was, until lately, performed here on the dead subject. The appliances were limited, and the usual conveniences for the identification of regional anatomy were not forthcoming. Formerly but one case was examined into by each student, and

the examiner was not present to know the way he did his business, put his questions, etc. But this has been all changed for the better. The usual protest against teaching at the hands of private medical practitioners is indulged in by Dr. Kidd. I am not prepared to deny the insufficiency of six cases, but I do protest against the attack on provincial practitioners reiterated, not made, in the above comment of Dr. Kidd. I myself attended a midwifery hospital for six months, and was most assiduous in waiting for cases and going out to them; and I am bound to say that, with a reasonably educated private practitioner, I would have enjoyed, not equal, but superior advantages to those I enjoyed at one of the leading Dublin midwifery hospitals.

CURRICULUM.

Candidates for the M.B. and C.M. must have attended lectures on the following, viz. :—Anatomy, Chemistry, Materia Medica, Physiology, Practice of Medicine, Surgery, and Midwifery. Each of these courses must include one hundred lectures, but in the case of Midwifery the one hundred may be taken out in halves of fifty lectures each. Another course of one hundred lectures must be taken out in General Pathology, but here an alternative is allowed, for three months' courses of lectures on Morbid Anatomy, together with a supplemental course of Practice of Medicine or of Clinical Medicine, will substitute. A course of one hundred lectures on Practical Anatomy is also required. The certificate for these must specify the names of the parts and the degree of care employed in their dissection. Three months' attendance on Practical Chemistry is compulsory, and a like attendance on Practical Midwifery.

Instead, however, of this last, six cases of Midwifery are accepted from a private practitioner, *hinc illae lachrymae!* Courses of not less than one hundred lectures are required in Clinical Medicine and Clinical Surgery, but these may be satisfied, strangely enough, by two courses of three months, at which lectures need only be delivered twice in the week; or in other words, by fifty-two lectures. The three subjects of Forensic Medicine, Botany, and Natural History, including Zoology, are also required, but for each of those fifty lectures will satisfy. Two years' hospital attendance is required. The funniest

attendance required is one of not less than fifty hours' instruction in Practical Materia Medica. The certificate of any recognised University or School of Medicine, or even of a private teacher is accepted. This is the very climax of absurdity. Fifty hours of instruction in Practical Pharmacy! Only just think how complete the training must be. Fifty hours! have those guides taken leave of their senses, or do they think every-body else has? After this, it is quite an improvement to hear that the University condescends to accept a certificate of three months' attendance at an hospital or dispensary, or in the surgery of a member of a surgical College, or of a licentiate apothecary or chemist: six months' attendance is further required at the out-practice of an hospital, or on the practice of a dispensary doctor, or on that of an apothecary.

The examinations are both in writing and *viva voce*. The first examination is on Chemistry, Botany, and Natural History; the second is on Anatomy, Physiology, Materia Medica, Practical Pharmacy and Pathology; the third examination is on Surgery, Medicine, Midwifery, and Forensic Medicine; the fourth examination is on Medicine and Surgery in an hospital.

All the examinations that admit of it are conducted, as far as possible, on the objective method.

A student is admitted to the first examination immediately preceding his Winter Session. Those who have passed the first examination are admitted to the second examination, at the end of the third year. The *Annus Medicus* must be completed before he is admitted to the third and fourth examinations. These examinations, however, may be taken in couples, and the student may pass the first two at the end of his third year, and last two at the end of his fourth year.

There is the usual fight here over compulsory clerkships and dresserships. On this point I have said so much I will say no more here. The visitors tell us that candidates can substitute for three months of dispensary practice six months' clinical clerkship, and that 95 per cent. of the students act as clerks and dressers, and frequently hold besides the office of Gynæcological clerk in a Maternity hospital. What a superstructure of fraud is involved in this. Ninety-five per cent. of students acting as dressers! Monstrous imposition. What could they have to

dress? No Council but the corrupt body that existed would tolerate such palpable fraud. Is it a wonder that the visitors to the Royal University stated that they could not conceive how human life could be intrusted to men so ignorant of the practical business of their calling as the candidates brought before them, albeit that they were not ill up in theory.

In this University it is alleged that some of the students select the practice of a dispensary instead of hospital dressership, and that the former implies medical charge of patients in their own homes.

Now I am an advocate for this kind of thing, but I am not a fanatical advocate of it, and therefore I must confess to a desire to see very exact rules and guards instituted respecting it. I would like, for instance, to see the would-be dispensary attendance registered from the start accompanied with such further particulars as would enable a not over inquisitive body to nip in the bud that variety of fraud which consists in an easy readiness to put one's name to any lie.

The rule of the Medical Council of having an examiner in addition to the candidate's teacher, for each subject, is now strictly adhered to in the clinical as well as in every other department.

UNIVERSITY OF GLASGOW.

Three degrees are given here—M.B., C.M., and M.D. They are all registrable qualifications.

Candidates must be twenty-one years of age before they can obtain the M.B., and this, by an arrangement peculiar to this University, must be taken simultaneously with degree of C.M. For the degree of M.D., the candidate must have attained the age of twenty-four years, and been at least two years a M.B.

M.B. candidates must pass a preliminary examination in English, Latin, Arithmetic, Euclid, and Algebra, with elements of Mechanics, together with either French or German, Greek or Logic. Certificates of other universities, etc., are recognised so far as they go, but no farther. In addition, candidates are required to pass, prior to their first professional examination, an examination in one of the following, viz.—

Greek, French, German, Higher Mathematics, Natural Philosophy, Logic, and Moral Philosophy.

Candidates who have obtained the Arts degree will not have to pass these examinations.

Candidates for the M.D. degree must be either graduates in Arts, or must have passed in three of the subjects before mentioned, of which one must be Greek, and another either Logic or Moral Philosophy.

EDUCATIONAL CURRICULUM.

Four years must be spent at this. Each Medical Session comprises two courses of 100 lectures each, or one course of 100 and two of fifty lectures each. Two of these must be spent at a university, and one of the two at Glasgow.

Six winter months' attendance at an hospital having not less than eighty beds is required from those who do not spend the remaining two years at a recognised University. Six months Practical Anatomy constitutes with the foregoing an *annus medicus*. Another *annus medicus* may be passed at the London Medical Schools, at the Dublin College of Surgeons, or at those of private teachers recognised by the University. Four courses only of such teachers' lectures are recognised. Courses of 100 lectures each, on Anatomy, Chemistry, and Physiology, Materia Medica, and Pharmacy, Surgery and Practice of Medicine, Midwifery, and Diseases of Children must be attended. Courses of fifty lectures each are required in Botany, Zoology, Comparative Anatomy, and Forensic Medicine. One hundred lectures must be taken out in General Pathology. An alternative is allowed of three months' lectures on Pathological Anatomy, with some supplemental course of medicine. Six months' attendance on lectures on Clinical Medicine, and six on Clinical Surgery must be put in. Further six months' Practical Anatomy are required, and three months' Practical Chemistry. A certificate in Practical Pharmacy, showing a course of instruction of not less than fifty hours in a class of Materia Medica, is demanded. Considerable latitude is allowed as to the sources of this certificate. Briefly, it may be said, that any university school, shop, hospital, or private practitioner, may issue same.

Two years' attendance on a medical or surgical hospital must be put in.

Six months' attendance on an out-patient department, or with a private practitioner, is also demanded.

MIDWIFERY.

There must be three months' attendance at an hospital, or six cases of labour must be attended to, and certified by a private or hospital practitioner.

VACCINATION.

A certificate of this must be produced from a recognised vaccinator.

EXAMINATIONS (B.M. AND C.M.)

These must be oral and in writing. First : Every candidate for the M.B. and C.M. shall be examined in Chemistry, Botany, and Natural History. Second, in Anatomy and Physiology. Third, Regional Anatomy, Materia Medica, and Pharmacy. Fourth, in Surgery, Medicine, Clinical Medicine and Clinical Surgery, Pathology, Midwifery and Forensic Medicine, Practical Chemistry and Practical Anatomy, Physiology and Histology, with Operative Surgery.

EXAMINATIONS.

Students may go in for their first examination at the end of the first winter and summer session, but it must be at the examination next preceding the second winter session. Four clear years must elapse, not including the summer session, should the student commence then, before he can go in for his degree. The second division may be passed at the end of two winter and three summer sessions from date of commencement, unless in the case of parties commencing in the winter session. It is, of course, necessary that the prescribed courses should have been previously attended. The third division may be passed at the end of the third winter ; while the fourth may be got through on the very first term after the completion of their curriculum.

Examinations are written, oral, practical, and clinical. They must be passed in due sequence, and, of course, the usual certificates must be produced. Candidates who fail are relegated either for a whole or for a part of a year.

M.D.

This is only conferred two years after the M.B. has been obtained. Candidates must be twenty-four years old, have obtained a degree in Arts, or passed an examination in Greek and Logic or Moral Philosophy, together with one optional subject from among the list included in the second part of subjects for general education. The usual condition of two years' study or avocation is required. A thesis is further required.

CLINICAL EXAMINATION.

The system pursued here allows full scope for testing the knowledge of candidates. They are tested orally in off hand cases, as it were; "set" questions, put in writing, are very often taken as the basis of these orals. They are obliged to put up fractures, etc. Results are the verdict of the combined examiners. A further testing takes place of a more complete description. Candidates are set to examine cases in the wards, to diagnose and propound treatment for them, and during this they are either left to themselves, or cross-questioned while examining their cases. The *viva voce* examination is thorough, and more stress is laid upon an individual's ability to apply his knowledge, than on the exact outcome of it for the moment.

THE WRITTEN EXAMINATIONS

comprise medicine, surgery, midwifery, forensic medicine, and pathology. Abundant time is allowed for answering. The questions are set by all the examiners, but ordinarily adjudicated on by individual ones.

THE ORAL EXAMINATIONS

here are described as thorough. The judgment on the answers is a conjoint one. Specimens, microscopes, instruments, drugs, etc., are on the tables.

The system of marking here is a percentage one, the usual minimum of 50 per cent. being, as a rule, acted upon. An honour standard here exists as in the other universities, and this requires a minimum of 75 per cent.

The fact that students who are rejected, at these examinations

have to undergo re-examination in all the subjects, as well as the one in which they happen to fail, is a great hardship. The visitors of the Medical Council in their report of this University, harp here again on the acceptance of tickets in midwifery from non-hospital authorities. I admit that the number of cases is too few. The Gynæcological opportunities are here rather scant. There is an admirable system of midwifery class examinations and demonstrations which atone somewhat however. On this point I have commented elsewhere.

Certificates of compulsory dressership, clerkship, etc., are not required, but the small amount of training which these certificates really cover, makes that matter in my opinion of little importance.

It is curious that the authorities here stoutly maintain that the clinical training is so practical as to render formal appointments with their attendant certificates unnecessary. This is, after all, honester than the make-believe English system.

The examiners are, for the most part, teachers, which, for the reasons repeatedly stated by me, I consider an advantage, instead of a disadvantage.

Candidates are tested very thoroughly in operative surgery, so that in every way—clinically, orally, by writing, and practically—a very thorough sifting takes place. Perhaps I ought here to mention the numbers employed in marking. Thus: for surgical appliances 100 will be allowed to a candidate, and at the same time 300 will be granted as the maximum for the clinical cases. These marks then are divided by four, and the quotient will be the amount set to the individual's credit. The same party can obtain a maximum of 100 for the operations, with 200 each for the written and oral portions in theoretic surgery. A fifth part of this is set down as the ultimate quotient.

In conclusion, the examinations of this University are very fair tests, and the antecedent training leaves little to be desired.

UNIVERSITY OF ABERDEEN.

The degrees are three in number, viz., M.B., C.M., and M.D. Candidates for any one of these degrees must first pass two

examinations in general education. The first is called the preliminary, and comprises English, Latin, Arithmetic, and the Elements of Mathematics and Mechanics. The second comprises Greek, Logic, and Moral Philosophy, together with one of the following : French, German, Higher Mathematics, and Natural History. These examinations must be passed at the commencement of the curriculum. The degree of any University in the United Kingdom, or of any foreign or Colonial University recognised for the purpose, is accepted in lieu of these Arts examinations.

M.D.

This is conferred on candidates two years after they have obtained the degree of M.B., and subject to the usual conditions of avocation, etc. ; but the candidate must be either a graduate in Arts or pass an examination in Greek, Logic and Moral Philosophy, and in one of the following subjects : French, German, Higher Mathematics, Natural Philosophy and Natural History. In addition the usual thesis is required.

CURRICULUM FOR M.B. AND C.M.

Four years' study is required, the *Annus Medicus* being constituted by two courses of one hundred lectures each, or by one of one hundred and two of fifty each.

Candidates are required to attend a course of not less than one hundred lectures on each of the following subjects, viz. :—Anatomy, Chemistry, Materia Medica, and Pharmacy, Physiology, Medicine, Surgery, Midwifery and Diseases of Women and Children, and Pathological Anatomy. Six months must be devoted to Practical Anatomy, three months suffice for Practical Chemistry. Three months are required at a midwifery hospital, but in lieu thereof six labour cases under a private practitioner are accepted. Courses of fifty lectures each satisfy in Botany, Forensic Medicine and Natural History. A six months' course of lectures in Clinical Medicine and Clinical Surgery is demanded ; and during this time it is necessary that two lectures should be actually delivered in each week. Two entire years, however, of hospital attendance are insisted on, but the six months before referred to form part of this. Three months'

attendance at an hospital pharmacy, or in the drug room of a dispensary or private practitioner, or in the shop of a chemist or apothecary, is required. There is nothing here about the "50 hours" regulation referred to elsewhere; and this is much to the credit of the authorities here. Six months' attendance in the hospital out-patient department or at a dispensary, or with a private practitioner, completes the equipment. It is a very grave defect of this requirement that it may be taken out concurrently with the hospital attendance required. The usual condition obtains here that one of the four years through which the curriculum runs, shall be spent here, and another in a recognised University.

One winter's hospital counts for a course of lectures. The lectures of the London Schools and the Irish College of Surgeons are accepted.

M.B.

There are three examinations for the M.B., and each is both oral and in writing. The first includes Anatomy, Natural History, Chemistry and Botany. The second comprises Regional Anatomy, Surgery, Physiology and Materia Medica. The third comprises Theory of Medicine, Midwifery, Pathological Anatomy, Forensic Medicine, with Clinical Medicine and Clinical Surgery.

The first examination is open to students at the end of the second year of their course, and the second examination to students at the end of their third year, while the third examination cannot be entered for, until the end of the fourth year. The general Scotch arrangement of bulking examinations obtains here; and accordingly candidates may pass their first two examinations together at the end of their third year, or all of them at once at the end of their fourth year. Rejected students must spend any portion of time not exceeding a year, in furbishing up their armour, at the discretion of the examiners. The two degrees in Surgery and Medicine must be taken together. The first examination may be split into two, of which Botany and Natural History may be taken at the end of their first year, and the balance at the end of their second year. The visitors of '85 comment very justly on the insufficiency of the compulsory training in Practical Anatomy. It certainly is absurd to require

six months only for Practical Anatomy. The authorities no doubt alleged that the students of their own accord spend more time ; but this was a lame defence. Then think of the large classes which exist here, and of the poor supply of subjects, and the absurdity of the six months' training becomes still more patent.

Here again, there are no compulsory dresserships. We agree with the visitors of '85 in thinking the theory in its form of interminable lectures usurps too much of the student's time.

The examinations are written, oral, and clinical. For the final M.B. and C.M. three papers are set ; one in Medicine and Medical Pathology, a second in Midwifery, and a third in Forensic Medicine. The examiners at these examinations are both professional and non-professional. The non-professional are selected by the University Court.

Those who think that there ought to be such extern examiners are logically bound to desire their selection by some extern authority. The questions are set, and the answers decided on by both sets of examiners.

As in all the Scotch Universities, both passes and honours obtain here. Those who obtain honours must have over 75 per cent. in each of the subjects in the combined written and oral. A very wholesome rule obtains of not allowing candidates whose answering is very much below par in the written, to proceed to the oral. It is a very significant commentary on the pretensions of the Scotch Universities, to have their qualifications perfect all round, that neither Practical Surgery nor Surgical Anatomy forms part of the final examination for this double degree.

There are written and oral examinations in Surgery at the second professional examination. At the same time candidates are tested in Regional Anatomy.

The written and oral of this final examination, notwithstanding its defects, are rather stiffly pitched ; and candidates complain accordingly. Of the examinations here in Clinical Surgery and Clinical Medicine, the former was commented on unfavourably by the visitors in '85 as being "superficial" and the judgments thereon too lenient ; while of the candidates it was alleged that however well up they might be theoretically, they were decidedly deficient in practical training. The medical examination was well spoken of.

ORAL.

These occupy about fifteen minutes with each student, and include Medicine and Medical Pathology, Midwifery and Forensic Medicine.

The questions are put by two examiners, and their judgment is also a joint one.

It is the practice in this University not to allow superior answering in one department to compensate for inferiority in another. Fifty per cent. is the minimum pass standard, and failure to attain this in one subject only insures rejection, for which a higher answering in all other subjects cannot atone.

There is this peculiarity here, that where a candidate obtains 60 per cent. and upwards in any given subject or number of subjects, he is exempted from future examination in that subject, though he is not saved from rejection at the then examination. This piecemeal system of examinations was condemned by the same visitors as calculated to offer undue facilities to idle and indifferent students. This is strange, bearing in mind the fact that a somewhat identical system prevails in the College, of which one of the critics here is a leading light, and for the examinations of which he claims a leading responsibility.

Several other faults have been found with the curriculum and examinations here. Thus we are told that two years' hospital are too short; and the additional six months which may be spent in the out-department of an hospital, in a dispensary, or with a private practitioner are deemed of no value whatever.

Here, again, is another fling at the private practitioner. The absence of any compulsory attendance on fever cases is set down as a further blot. Attendance on such cases is no doubt of the first consequence; but why not make such attendance compulsory in the wards of a general hospital in which such cases are to be found. What is this new demand for a separate fever certificate, but a confession that those of the general hospitals are not to be relied on. What steps will the Council take to make the certificates of separate fever hospitals more a reality than those of the ordinary ones?

It has happened to us to have penetrated a little behind the scenes, so far as Dublin is concerned, and a greater sham than those same special fever certificates it has not happened to us to come across. *Materia Medica*, *Therapeutics*, and *Prescription Writing* were not attended to here sufficiently in former years, but this cannot be said now, seeing that an excellent examination in all those subjects is held at the end of the third winter, while some of them are again examined in connexion with other subjects.

The Midwifery regulations here are the same as at the other Scotch Universities, and the same exception is taken to the registered practitioner's share in the clinical teaching. The examinations themselves are admitted to be excellent.

Inquiries, carefully conducted, do not reveal any change having as yet been made since the date of the visitation quoted in the foregoing. Matters remain exactly as they were at the date of the visitation in 1885.

FACULTY OF MEDICINE OF ABERDEEN.

In connection with the extra classes the Scotch professors have lately been compelling students to take out, the governing body of the Glasgow University sustained a defeat which ought to have some effect in checking this practice.

This was an appeal by senior medical students of the University against the erection of Pathology into a separate course. The appeal succeeded, but it has had no effect upon the abuses elsewhere.

The clinical teaching in Aberdeen is poor, while the supply of subjects is also limited.

ST. ANDREW'S UNIVERSITY.

The examinations for degrees here branch out into two streams. First, those for the usual University degrees] and, second, those for the limited number of degrees (10) which this University is empowered annually to confer. Now with regard to the usual class of degrees, as only an average of one or two go in for these every year, critique on the state and mode of the examinations would be only labour lost. We will therefore pass

on at once to those affecting practitioners of a certain standing. Candidates must be forty years of age, must be already on the register, and must produce certificates of professional competence and personal character. It is unnecessary to add that these certificates are of the usual exaggerated description, and that about the same amount of credence is to be attached to them as to those of a candidate for an Irish dispensary. Indeed the visitors of the Medical Council of '85 had, in the rejection of one of those much lauded candidates, proof positive of the undeniability of their testimonials. No condition is imposed by the University on the holders of these degrees, and they are neither obliged to cultivate special departments of practice, nor even to abstain from keeping open shop if they choose to do so.

The examination consists of an oral and a written part. The time allowed for the written has need of extension. When the visitors of '85 attended there they found fault with the excessively high estimate which the examiners formed of the answering of some candidates. They state in some instances, "that there was the greatest possible difference" between their own estimates and those of the examiners. It is impossible to ignore the significance of such a statement as this. Differences of opinion might be expected to exist as to the exact value of answers, but such extreme differences as the examiners comment on are distinctly suggestive of *mala fides*.

ORAL EXAMINATION.

This, like the written one, is conducted by men, some of whom are extern examiners, and there is usually but one examiner in each subject, though sometimes some of the subjects are represented at the Board by an assessor. Surgery, Medicine, Midwifery, Pathology, Recognition and Application of Surgical and Obstetric Instruments, Testing of Urine, and Identification of Articles of Materia Medica, comprise the examination. The microscope is also freely used. The time limitation for the oral examination has a nominal existence here. It is freely dispensed with when occasion requires.

The answers are estimated by general impressions; and when there are two examiners in a subject the result is the outcome of their joint judgment. The vote of the entire Court

is taken on each candidate, and fifty per cent. are alleged to be the minimum pass standard in Medicine, Surgery, and Midwifery. We say alleged, because from the fact that the rejections were so few for the past eight years, it is impossible that this standard could have been adhered to. No actual operations are performed here, neither is there any testing in Regional Anatomy. The absence of all clinical examinations is such a blot that in the opinion of the writer any licence conferred without it should be non-registrable. Urinary and microscopical testing are too often merely nominal here. The use of splints and instruments is only occasionally required.

EXAMINATION IN MIDWIFERY.

This consists of a written and an oral portion ; instruments and preparations are laid on the table, and the candidate is tested in these. No certificate is required of attendance at a lying-in hospital, or of having attended any lectures on the subject. The Midwifery Visitor of '85, commenting on this absence of curriculum, and on the too limited time for the oral and written examinations, condemns the examination as insufficient.

The authorities of this University challenge the right of the visitors to inspect their practitioner M.D. examinations at all on the astounding ground that it was not usual for the Medical Council to take critical cognizance of the examinations for higher qualifications. This is a most extraordinary position to take up. Why should lower qualifications be subjected to critical inspection if those which make a greater demand on public confidence are to be exempt ? The inferior ones equally with the superior ones come from the same source, and if that source cannot be trusted to produce, without careful supervision, a good shilling, how is it to be trusted to turn out a good guinea ?

Are these Fellowships and M.D.s, however, composed of the real metal, or are they not too often mere counterfeits ? Heretofore, that man would be a bold one who would even hint a doubt, but who now, after the reports of the visitors of '85, will dare longer pretend that these so-called higher qualifications have any pretension in the world to such a denomination so far as

University degrees are concerned? There remain, indeed, the Fellowships ; but have we not every *à priori* right to expect that these gods too, when they are looked at closely, will topple down of themselves from their high places.

One point of detail in connection with the '85 visitation demands a passing word ; it is the exclusion of the visitors from the conclave of examiners when the latter were coming to their final decision as to the passing or rejecting of the candidates. Similar exclusion occurred elsewhere, but as it might be accidental it does not possess the significance which the amazing defence of the St. Andrew's authorities to the visitors on this head, gives to the exclusion in this instance. They tell us that adjudication forms no part of the examinations ; that it was merely a conference for the judicial determination of results ; and as the candidates were withdrawn the visitors could have nothing to do with anything but the results themselves, all of which they (the visitors) admitted, were unreservedly submitted for their inspection. We will offer no comment. The final judgment of the last official visitation of the state and mode of examinations of this University was, that they are not a reliable test of knowledge of medicine, surgery, and midwifery, and that they neither tend to improve medical education, nor to raise professional status.

ROYAL COLLEGE OF SURGEONS OF IRELAND.

As the new Conjoint Scheme is not yet in actual working order, and as in any case many students will, from time to time, have to be examined under the former one of the above College, we give the curriculum belonging to it, with an account of the examinations held under it.

Under a former system the examinations here consisted of two portions, the primary and the pass. The faults which were found then were chiefly confined to the *materia medica* and chemical parts ; in neither of those was a sufficient time allowed for a sufficient number of questions required to be answered. Both those defects still continue.

The praise which was bestowed upon the examinations in operative surgery also under that system happily apply to those under the present and now expiring system. Every candidate is obliged to perform an operation, and actual dissections. In 1881 the scope of the physiological examination was unwisely found fault with, as too limited. Under the present system it has not been widened. Students say they have to make up the whole of Foster, and that is not a stinted allowance. The system of clinical examinations was objected to, and that of the English College propounded as a model ; but here, too, the old system continues in vogue. The College was able to point to experience in favour of its own system. They had tried the method of bringing the patients to the College Hall, and soon found that this system excluded the most important class of cases. Under their system, therefore, students are brought to the hospitals, and the examinations are conducted in the wards. The practice of stopping candidates who have hopelessly broken down at each stage of the examination, prevails in this College. This saves the time of examiners and the feelings of students. A far more important innovation has been introduced here of allowing rejected candidates credit at subsequent examinations for parts of examinations in which they may have succeeded previously. Thus men are not allowed to present themselves on the second day who have not passed the previous day's examinations, nor is a candidate allowed credit for such previous day, where his answering is below the minimum in more than one subject ; but if he fail in one subject only, he may be, and usually is, re-examined in that subject during the very same examination. Where a candidate does not obtain the minimum in two or more subjects, he is peremptorily rejected. Where the failure has been in one subject only, at either the first or second professional, students are allowed to proceed with their lectures, and are examined in the rejected subject at the examinations of the succeeding year. If they succeed in passing it they obtain credit for the otherwise lost year. In order to be allowed this indulgence they must obtain passing marks in Anatomy, Physiology, Histology, and Surgery. This seems to us to be too lenient, since they thus get three chances, being allowed to go up in either July, October, or March.

Graduates of a University, or physicians, are examined only in Anatomy, Physiology, Histology, Surgery, Operative Surgery, and Surgical Appliances. Those who have passed the first half of the English College of Surgeons, or the first two examinations of the Royal University, are exempted from the first and second professional. M.B.'s are exempted from first three professionals, but they must have attended all the courses required for these. English and Scotch surgeons are admitted to the Fellowship and Licence without examination on such conditions as may seem fit to the Council.

Examinations out of the ordinary are granted on showing what is termed "*cause*." This cause is generally of a nature so trivial that it may be set down for all practical purposes to be a vanishing quantity plus the payment of five guineas, which is the special fee payable for this luxury.

These special examinations must be prohibited one and all. They are backdoors at which no sentries can be placed. There are colleges whose examiners curry no small favour by means of them. It is utterly impracticable to inspect or visit them. Cases are within my own knowledge where they were used as a convenient entrance for incapables into the profession. The remedy then is total prohibition.

THE FELLOWSHIP.

This is not taken out until the age of twenty-five. Six years must be spent in professional training. All the courses required for the licence must have been attended. Special courses of lectures are required in Natural Philosophy and Comparative Anatomy. A thesis is further demanded, or a report of six medical or six surgical cases. A compulsory dressership is required. Licentiates of ten years' standing are admitted to examination without complying with the foregoing conditions on merely producing a certificate of good character. These examinations are held from time to time as the Council directs. Candidates for this Fellowship are divided into five grades. Under the first head fall in those who go in for a Licence and Fellowship combined. These are examined during three days. The first two of these are devoted to the subjects for the licence ; the third to the additional ones for the Fellowship. Comparative

Anatomy, according to the printed, and therefore official account, constitutes the solitary additional subject.

Grade II.—Licentiates of the College of less than ten years' standing are examined one day orally in Anatomy, Comparative Anatomy and Histology, and Pathology, with dissections; on the second day, clinically and by written and oral examination, in Surgery, and orally, in Pathology and Practice of Medicine and Therapeutics; they also perform operations on the dead subject.

Grade III.—Licentiates of other Bodies, of the same standing are admitted to examination on the same conditions as Grade II.

Grade IV.—Licentiates of the College of more than ten years' standing are examined the first day, orally, in Surgical Anatomy; and perform operations on the dead subject. On the second day, they are examined clinically, in Surgery and Medicine, and undergo a written examination in Surgery, and are examined orally in Theory and Practice of Surgery and in Morbid Anatomy.

Grade V.—Candidates of more than ten years' standing, possessing qualifications in surgery of other Bodies, are, if admitted to examination, examined according to Grade IV.

MIDWIFERY DIPLOMA.

This is now open to any candidate. The examination is a very full one. Six months must be spent at a midwifery hospital; thirty labours taken out, and a course of lectures attended prior to admission to it. So far for the curricula and scheme of the now expiring examinations. Though some four years have now elapsed since it was first introduced, it is still known as the "new scheme." When it was first enacted it was very unwisely ordered that among other modes of commencement of professional study which were to be recognised, was the following:—"Where such opportunities of practical instruction are afforded as shall be satisfactory to the Council." We have reason to know that the wideness of this gate has made the whole conditions of beginning perfectly illusory. Dublin grinders have been found to certify to the commencement of students to whom they could not, and did not, afford any

practical instruction whatever, and thus an arrangement which was designed to introduce a modified system of apprenticeship, was nipped in the bud by loosely worded rules. Of this, however, more elsewhere. The essence of this system of examinations was the institution of sessional examinations.

Dr. Kidd claimed that for the efficient working of this the examinations must be honestly sessional, and that consequently there must be no overlapping, and that the student at the end of each year must prove that he did the work of that year, and that it was therefore made an absolute rule that the year's examination should be passed before credit would be given for further studies, *i.e.*, before he could enter on another year's studies. Here, again, however, the Council reserved to itself all kinds of dispensing powers, with the result that students do enter upon another year's studies before they have passed the examinations for the year preceding. For a student rejected in July not only can go up the following October, which would not of course trench on the next session, but he can go up in March, which must undeniably do so.

Thus the fine of an additional year's study has been remitted and the key-stone of the system been removed. Furthermore, the opportunity for obtaining elementary knowledge and manipulative skill, which Dr. Kidd announced that the student was to acquire from the country practitioner, and which would have enabled him at once, to take advantage of the systematic teaching of Dublin school and hospital, had to be completely surrendered in consequence of the fraudulent proceedings of some grinders, and the virtual prohibition of private apprenticeship, which I again repeat, will be the direct outcome of four years compulsory attendance at medical schools. The great gain of the system is of course the sub-division of labour. Students could not prepare for one great examination without sacrificing everything to that examination, and without a mental strain, which, even when it left no permanent mischief behind, involved an undesirable waste of brain material. Under the present system the idle and stupid students are more promptly detected. A beneficent system of tutorial instruction is substituted for the injurious one of cram, and a readiness in answering is attained which could not be acquired under any

other arrangement. Furthermore the areas of subjects are properly defined. The student better knows what he has to learn as well as how to learn it, and the constant tutorial system which has grown up under it perpetually exacts from him a knowledge of what he has learned. This system was assailed in its conception and birth by Dr. Mapother and others. They held that it would injure the College; but that, it has not done. Further, that rejection at one of the examinations would shut out a student for another year from all practical efforts of improvement, as parents would not bear the expense of his continued residence in Dublin. Now this very unwillingness of parents was what students would take good care not to provoke, and accordingly in the majority of cases they would and do mind their business and pass their examinations. In those few cases where Dr. Mapother's fears have been realised, the moral effect upon the many students has more than compensated for the injury to the few. The overlapping which has been permitted has met Dr. Mapother's objection, but at the cost of much of the value of the whole scheme. Credit for fees continues as largely as ever in certain of the schools. The expenses of the student would have been less than formerly but for Mr. MacNamara's resolution at the Medical Council. The whole examining machinery is of course much more cumbrous and costly than it was. Still the effect upon the student is as healthful as was expected. He is taught the order in which he is to take up the subjects of study, and he is stimulated to study steadily. He works more thoroughly, is sooner taught how to gauge his own powers, and is enabled to get through a mass of matter very much more easily, as well as more effectively, and with really more thought of the subjects themselves and less of the examinations, than formerly.

In special cases it is possible for the Council to exercise a discretion and to permit students for what appears sufficient cause to pass an examination after the succeeding year has been entered.

FIRST PROFESSIONAL EXAMINATION.

Candidates are recommended to attend a course of lectures on Practical Anatomy, and one on Chemistry, before the First

Professional Examination. The examination includes the following subjects :—(a) Ganot's Physics. (b) The Elements of Chemistry. (c) Botany, physiological, structural, and descriptive. The Botany subjects are, buttercup, poppy, pea, strawberry, foxglove, and dandelion. (d) Anatomy, Human Osteology. (e) Practical Pharmacy, Elementary.

SECOND PROFESSIONAL EXAMINATION.

Candidates are required, before admission to the Second Professional Examination, to produce evidence of having passed the First Professional Examination, also certificates of having subsequently attended Medico-Chirurgical hospital, nine months. Winter Courses: Practical Anatomy, demonstrations and dissections, Physiology, Surgery, Chemistry (unless attended in first year). Summer Courses, three months, Practical Physiology, Materia Medica.

Candidates are examined in: (a) Anatomy, bones, joints, muscles, and topographical anatomy of the viscera of the chest, abdomen, and pelvis; (b) Histology, and the physiology of the circulatory, respiratory, and digestive systems; (c) Surgery: the signs, terminations, and treatment of inflammation, wounds, hæmorrhage, burns and scalds, ulcers, bandaging; (d) Chemistry; (e) Materia Medica.

THIRD PROFESSIONAL EXAMINATION.

Candidates are required, before admission to the Third Professional Examination, to produce evidence of having passed the second examination; also certificates of having subsequently attended a Medico-Chirurgical hospital, nine months as an extra pupil, or six months as a resident pupil.

Winter Courses, Practical Anatomy (unless attended in the first year), Demonstrations and Dissections, Surgery, and Medicine. Summer three-months' course, Medical Jurisprudence.

Candidates shall be examined in (a) Anatomy; (b) Physiology; (c) Surgery, Operative. Clinical and Ophthalmic Surgery are reserved for the Final Professional Examination.

FOURTH AND FINAL PROFESSIONAL EXAMINATION.

The Fourth Professional Examination is held in July and October, and in April of the following year, at any or all of which candidates may present themselves.

Candidates are required, before admission to the final examination, to produce evidence of having passed the Third Professional Examination, also certificates of having subsequently attended Medico-Chirurgical hospital, nine months as extern pupil, or six months as resident pupil, unless a certificate as resident pupil has been offered in the third year. Midwifery hospital, or maternity six months (may be attended in the third or fourth year), practical instruction in Vaccination. Clinical Ophthalmology, three months (may be attended in the third or fourth year, winter or summer). Winter courses—Dissections and Demonstrations, Midwifery, Operative Surgery (between 1st of April and 1st of October in either third or fourth year). Candidates are examined in—Surgery, Clinical Surgery, including Ophthalmic Surgery, Operative Surgery, with Surgical Anatomy, Medicine, Midwifery and diseases of women, Medical Jurisprudence. Candidates who possess a Diploma or Degree recognised by this College are exempted from the foregoing regulations when the Council sees fit.

NOTE.—The following are the curriculum and examination scheme of the Irish College of Surgeons :—

They were adopted in 1881, and where they differ from those of the scheme of 1886 will remain in force for some time to meet the requirements of former students.

8. “No medical student shall be registered until he has passed a preliminary examination, as required by the General Medical Council, and has produced evidence that he has commenced medical study.”

The following, or any one of them, are considered by the Council of the College as the commencement of professional education :—

1. Attendance on the practice of an hospital, or other public institution recognised by the College for that purpose.

2. Instruction as the pupil of a legally qualified surgeon, holding the appointment of surgeon to an hospital, general

dispensary, or union workhouse, or where such opportunities of practical instruction are afforded as shall be satisfactory to the Council.

3. Attendance on lectures on Anatomy, Physiology, or Chemistry by lecturers recognised by this College.

9. "The commencement of the course of professional study recognised by any of the qualifying bodies is not reckoned as dating earlier than fifteen days before the date of registration."

17. In accordance with the recommendation of the General Medical Council, no candidate will be admitted to his final examination until forty-five months after registration.

N.B.—"The several branch Councils have power to admit special exceptions to the foregoing regulations as to registration for reasons which appear to them satisfactory."

19. "The age of twenty-one is the earliest age at which a candidate can obtain a licence to practise, and that age must, in all instances, be duly certified."

20. "No licence is obtainable at an earlier period than after the expiration of forty-five months subsequent to the registration of the candidate as a medical student."

PRELIMINARY EXAMINATION.

The preliminary examination is in the following subjects, with permission to the student to substitute French or German for Greek :—

1. The English language, including grammar and composition.

2. Arithmetic, including vulgar and decimal fractions.

3. Algebra, including simple equations.

4. Geometry, first two books of Euclid.

5. In Latin, the first and second books of the *Æneid* of Virgil, or of the *Jugurthine War* of Sallust, or the third book of Livy.

6. *Physics, viz.:—Elementary Mechanics of Solids and Fluids comprising the Elements of Statics, Dynamics and Hydrostatics.

* In the case of students in Universities with a prolonged curriculum, where the examination in Mechanics required for their degree is taken at a more advanced period of study than before commencing medical education, registration can be effected only

Alternative subjects—One to be selected by the student :
 1. Greek, the Gospel of St. John, or the first book of Xenophon's *Anabasis*, or the dialogue of Lucian, entitled "Menippus or the Necromancy." 2. French, Fénelon's *Télémaque*, and 3. German, Schiller's "Wilhelm Tell."

PROFESSIONAL EXAMINATIONS.

First, second and third professional examinations are held in July and October of each year, at either or both of which the student may present himself.

THE IRISH CONJOINT EXAMINATION SCHEME.

I am not quite sure that I ought to devote any portion of my space to any reference to this, as it as yet remains among the things that are to be. However, as the new state of things brought about by the last Medical Act will in all probability lead to its adoption, some anticipatory reference here may be permitted. The *Medical Press* of September 1st, 1886, contained the first notice of the new arrangements. The two Dublin Colleges have come to the following agreement: the Dublin Hall is shut out altogether. There are to be four years of study and four separate examinations. The Colleges are conjointly to conduct the examinations, and half the examiners are to be appointed by each College. The written examinations will be held at the College of Physicians and the oral and practical at the College of Surgeons, and there will be three annually, in July, April and October.

The first examination will be held at the end of nine months from the date of registration, and as a certificate of attendance at certain lectures will be required, it follows that

on having passed the examination in Mechanics, but their registration may be then antedated to the period at which the preliminary was passed.

Candidates *must pass in Elementary Mechanics*, Physics, etc., as above specified, at *their preliminary* examination,

They must also present themselves for examination *in the remaining portions* of Physics either at the preliminary examination or at the first professional examination, and they must, when entering their names for the former examination, state which of these courses they will adopt. If they do not take the remaining subjects of Physics at their preliminary examination, or if, having then presented themselves therein, they are rejected in three, they will not be permitted to go in for them at a subsequent preliminary examination, but must be examined at their first professional examination.

pupilage outside a medical school is rendered impossible, or possible only after paying the heavy duty of an extra year of study. There is a most curious conflict of evidence on this point between a leader in the *Medical Press* of September 1st, 1886, and another in the same paper for January 5th, 1887. Thus the first named contains the regulation as to the compulsory attendance on lectures, and so does the second, but under the heading of what it terms "certain salient points." The last contains the announcement that the first year will be a school year, and as at present, a period which may be passed away from a teaching centre. Now this comment is palpably incompatible with the regulations contained in the previous column of the same issue.

The cost of the two diplomas is to be £42, a tariff which will only last for a very limited period indeed. As this conjoint arrangement may never be finally agreed to, we do not think it incumbent upon us to enter into a fuller account of it. It is proposed to introduce some novelties, for instance, hospital note-taking is rendered compulsory. The Dublin three-course system is invaded, and two courses of Anatomy and two of Physiology will now suffice.

Restrictions as to age are to be confined to termination of studies. Both Colleges have yet to finally decide on the scheme, and when it has run that gauntlet it will then have to run the other of the Medical Council.

KING AND QUEEN'S COLLEGE OF PHYSICIANS, IRELAND.

The primary examination here, like that of the sister College in England, attracts comparatively few candidates, as the College recognises the primary of other bodies, and few who have not passed a surgical examination present themselves. From inquiries made, I am satisfied that the strictures employed by the visitors in 1881-82 could not now be justly applied to the general run of these examinations. Thus the practical examination in Anatomy is a sufficient test. Chemistry, on the other hand, appears to me to constantly deserve the praise which it was the subject of on that one occasion. Nor is the microscope

sparingly used, while in midwifery the candidates are treated to enough of the objective method.

Instruments are employed as largely at these examinations as could be desired, and the unlimited time at the disposal of candidates conduces largely to helping the timid or confused over the stile, and to doing ample justice in every case. At these examinations, Hygiene and Mental Diseases receive a reasonable but not an overshadowing amount of attention. The authorities here were among those who objected to the formal limitation of the areas of Physiology and Chemistry, and hold out for these being sufficiently "delimited" by the scope of the various lectures required. Now in this they are, with all respect to them, entirely in the wrong. The scope in question is without limit, as no two sets of physiological lectures in Dublin will be found to cover the same ground.

The College holds the opinion, as the students do not complain of the wide area of the physiological and chemical examinations, that therefore there is no necessity for altering these. This is a rather lame explanation, as matters go very far before candidates ever complain, the unsuccessful being too "down" to do so; and the successful ones being, of course, quite indifferent. This subject having been dealt with elsewhere, I shall here merely observe that the excellent examinations of this College, which make every allowance for candidates without undue laxity to any, would be improved rather than otherwise, by having the authorities to give their sanction to the limited area system, which is now so largely advocated by those best acquainted with the increasing friction between the demands made on the certainly not unlimited capacities possessed by students.

APOTHECARIES' HALL, IRELAND.

EXAMINATION FOR LICENCE (PRIMARY).

The Chemical examination here is not of a practical description, as candidates make no analyses themselves, but merely describe them on a black board. The examination in Botany is an excellent demonstrative one. The microscope has been less availed of than it ought, while a similar defect exists with regard to clinical instruments.

Anatomy is examined in too largely from plates. The Medical Council Visitors commended the Society for having an examination in Hygiene, and for the excellence of the same. With every respect for the visitors, the writer differs from them. What is wanted is a diminution, and not an increase, of subjects over which students have to travel. Let them be taught essentials such as they cannot learn in after life for themselves, and they will be much more likely to bring away with them that love of knowledge which is so essential to further acquisitions, than if they are made to tremble under a burden which is very likely to crush out all real love of science from their breasts. The visitors comment in terms which to us seem the reverse of complimentary, on the medical and surgical parts of these examinations. They describe it as wanting in exactness and as going over too extensive a range; and they supply some details which are not calculated to improve our estimate of the examiners. Thus in dealing with lead poisoning, they tell us that not a word was said either about the blue line or the use of iodide of potassium, and so on.

Now I shall only say that it is out of the question to find competent examiners among men who have never been engaged in teaching, and who have never had charge of an hospital in their lives. This is the real explanation of the shortcomings which the visitors noted in these medical and surgical examinations. It is curious that a criticism which was hardly other than a scathing one, should have been found quite compatible with a rather ample *donative* of compliment.

Materia Medica, Forensic Medicine, and Pharmacy are fairly examined in. On the whole these examinations are very different from what they were a few years ago, and they have now been so levelled up that they would put an extinguisher on the diploma-vending of this body, were it not for the nominal cost of the qualification. No man would be got to take this diploma if he could get that of the College of Physicians for the same money. The day which beholds uniformity of fees will also see this excellent Body in the throes of dissolution. Its proper sphere, and the one for which it was founded, is now filled by the Pharmaceutical Society. Its *raison d'être* has therefore disappeared.

UNIVERSITY OF DUBLIN.

M.B.

This may be taken out at the same time with the A.B. degree, or at any time subsequent. Four years are the time required. The following lectures are required:—Anatomy, Practical Anatomy, Theory of Surgery, Chemistry, Physiology, Practice of Medicine, Institutes of Medicine, Midwifery, Practical Chemistry, Botany, Histology, Comparative Anatomy, Materia Medica and Pharmacy, Medical Jurisprudence. Lectures on Heat, Electricity, and Magnetism must also be attended.

Three sessions (nine months each) of attendance at a Metropolitan hospital must be made. Candidates who have attended one year's hospital in Edinburgh or London, or two years at a county infirmary, or one at a Colonial hospital, will, on special application to the Board, have such attendance recognised. Two years at a county infirmary will, however, only count for one. Six months' midwifery are required, and certificates of such attendance are received from the Coombe, Rotunda, and Sir Patrick Dun's Hospitals. A certificate of attendance on vaccination is required. This is received from the Cowpock Institution, its Branch, or from the Grand Canal Street Dispensary. Candidates must further produce a certificate of personal attendance on fever cases with names and dates of attendance.

M.B. EXAMINATION.

Two examinations have to be passed prior to this one, viz., the previous medical examination, and that for the Bachelorship of Arts.

The previous Medical Examination includes the following:—Comparative Anatomy and Botany, Physics and Chemistry, Descriptive Anatomy and Institutes of Medicine, Practical Histology and Physiology. Dissections are required. These subjects may be taken up *seriatim* and at the convenience of the candidate. An examination is held at each term prior to that for M.B. At the end of each Summer Session an examination for the half M.B. is held.

M.B. FINAL.

Candidates must pass a final examination in Physiological Anatomy, Practice of Medicine, Surgery, Midwifery, Medical Jurisprudence, Institutes of Medicine, Pathology and Hygiene, Clinical Medicine, Therapeutics.

BACHELOR IN SURGERY.

A candidate must be a Bachelor in Arts, must have the degree of B.M., and must have spent four years in the study of Surgery and Anatomy. In addition to the courses of lectures for M.B., candidates must take out, Operative Surgery, one; Ophthalmic Surgery, one; Dissections, two courses. The examination includes Surgery, Pathology, Surgical Operations, Bandaging, and the use of appliances. Licences in Medicine, Surgery, and Obstetrics are given by this University. The examinations are alleged to be the same as for the regular degrees, and parties who have obtained the degrees in Arts, and passed the examinations for the Licences, obtain the M.B. and M.Ch., and Mastership in Obstetrics as a matter of course.

The final examination for the M.B., referred to before, embraces printed questions in Pathology, Materia Medica, and Therapeutics, Midwifery, Surgery, and Medicine.

Three hours are allowed for answering the questions on medicine, but only one hour each for those of the other subjects. Two examiners are concerned in some of the examinations only, and nearly all the examinations are conducted, though not exclusively, by the teachers of the respective subjects. It is stated by the visitors of 1885 that when they attended, they found that all the questions should be answered, saving medicine, in which five out of six sufficed. *Viva voce* examinations were then held in Materia Medica only, and that state of things still continues.

The clinical examiner allows the candidate to examine his patient unaided, but subsequently demands of him a searching oral at the bedside, when considerable licence is allowed him to amend previous blunders. Urinary testing, microscopically and chemically, is demanded. As an old note-taker under the great Stokes, I have no hesitation in stating that the time allowed

here, half an hour, is wholly insufficient for a complicated case. The total surrender by the University authorities of the previous pretensions of this degree to take rank as a higher grade one, is the most remarkable outcome of the visitation of this University. It passes comprehension, that graduates of this University are so scandalously ignorant of the very rudiments of Latin, as is disclosed by the Visitors' Report. So long as the M.B. was palmed off on the public for something that it is not, it seemed anomalous to admit the mere Licentiates of this University to the M.B. degree, as a matter of course, on their merely taking out the A.B. degree ; but now that the cat is out of the bag the seeming anomaly disappears. The imperfection of the clinical examination, owing to the want of proper supervision, received very proper exposure on the same occasion, so also did the similar looseness in conducting the microscopical and urinary parts of the examination. The written examination in medicine was described as too easy, and the absence of any oral in the same subject was another of the surprises in store for the public. As to Surgery and Obstetrics, it is simply astounding that there should neither be *viva voce* nor practical tests in those subjects. We have made inquiries on this point and find that in this respect there is no material change. Candidates were not examined in Morbid Anatomy either. In Materia Medica there is an oral examination ; it may be passed at either the first or second half of the M.B. The absence of a *viva voce* and practical examination was not confined to the subjects hereinbefore mentioned, but then extended also to Pathology and Medical Jurisprudence. Here, too, the necessary improvement has not since been effected. The system of marking is a numerical one ; candidates who do not come up to the 50 per cent. standard, pass. Some who exceed 50 per cent. in some of the subjects are rejected if they fall short in others. On this examination the visitors of '85 make the emphatic comment, "that it is inadequate for a qualification admitting to the Medical Register," and "that candidates are not sufficiently tested in Medicine, Surgery, and Midwifery, inasmuch as there was no *viva voce* or practical examination in the subjects enumerated." They further say that with the exception of the pure medical portion and that in Physiological Anatomy, the "examination was unworthy of a University degree, and insuffi-

cient for registrable qualification.” The writer of this paper has more than once anticipated the visitors as to the value of Trinity College degrees. When he considered the number of stupid and idle youths that one meets with he was often astonished how it was possible that these creatures could master both the Arts and the Medical Curricula simultaneously. Either would give smart and industrious youths enough to do. The suspicion crossed my mind, that the whole thing must be a sham and a fraud, and something very like a sham and a fraud these visitors now declare it to be. The visitors reported that these examinations in *Materia Medica* and *Therapeutics* were very imperfect. The written examination in all the subjects, with the exception of *Medicine*, is described as of the simplest character, and such as is in no wise sufficient to compensate for other methods of testing. The visitors further objected—incorrectly—to the fact that there was but one examiner in each subject, and that that examiner was in each instance a teacher. Elsewhere we have given our reasons at length for the strong view that we hold in opposition to the fashionable one about teachers not being also examiners. The surgical portion of the M.B. examination includes no oral or clinical testing, and the written part is so easy that, taking this examination all in all, the surgical visitor declared that it is not of a character which should admit to the Medical Register.

BACHELOR IN SURGERY.

The M.B. is an indispensable preliminary for this, but the following additional courses must also be attended :—Operative Surgery, one course ; Dissections, two courses ; Ophthalmic Surgery, one course. Surgical Pathology, Surgical Operations, Surgical Instrumentation, Clinical Surgery, and Ophthalmic Surgery constitute the examination. No dressership certificate is, up to the present, compulsory. There is no surgical oral except in the operative and clinical portions. The number of marks allowed for Clinical Surgery is much too low, while the number for Operative Surgery is disproportionately high. A point of interest in those examinations is that parties are allowed to pass who have not come up to the usual pass standard elsewhere, viz., 50 per cent.

The suggestion was thrown out by the visitors that the labour cases should be increased, and that every student should be required to serve some time as an obstetric resident with the view also of studying Gynæcology more perfectly. As to the first part of this suggestion, it was founded on error, for, as a matter of fact, six months' instruction in Practical Midwifery are required, and no student could attend for six months without taking out a maximum number of labour cases. We have made careful inquiries and find that the various points complained of by the visitors which had any foundation in fact, remain substantially as they were. The concurrent Arts education continues with all its consequent sham, and so does the lop-sided nature of the M.B. examination, which the authorities very properly continue in its lop-sided form. It is very surprising that the medical degrees of this University should have for so long maintained a higher reputation than the diplomas of the Dublin Colleges, when, as is now quite plain, they are distinctly inferior to them.

M.D.

A Doctor in Medicine must be a Bachelor in Medicine of three years' standing, or have been qualified to take the degree of Bachelor in Medicine for three years. He must also read a thesis publicly before the Regius Professor of Physic, or must undergo an examination before the Regius Professor of Physic.

M.CH.

A Master in Surgery must be a Bachelor in Surgery of three years' standing, or have been qualified to take the degree of Bachelor of Surgery for three years; and must read a thesis publicly before the Regius Professor of Surgery, or undergo an examination before the Regius Professor.

M.A.O.

A Master in Obstetric Science must have passed the M.B. and B.Ch. examinations, and produce certificates of having attended, 1. One winter course in Midwifery; 2. Six months' practice in a recognised Lying-in Hospital or Maternity; 3. A summer course of Obstetric Medicine and Surgery; 4. Two months'

practice in the Cowpock Institution. Existing graduates in Medicine, of the standing of M.D., may present themselves for examination without producing certificates of attending 3 and 4.

LICENCES.

Candidates for the Licences in Medicine, Surgery, or Obstetric Science, must be matriculated in Medicine, and must have completed two years in Arts, and four years in Medical Studies.

LICENTIATE IN MEDICINE.

The medical courses and examinations necessary for the License in Medicine, are the same as for the degree of M.B. A Licentiate in Medicine, on completing his course in Arts, and proceeding to the degree of B.A., may become a Bachelor in Medicine, on paying the degree fee, without further examination in Medicine.

LICENTIATE IN SURGERY.

The surgical course and examination are the same as for the degree of Bachelor in Surgery.

LICENTIATE IN OBSTETRIC SCIENCE.

The course of study and examination are the same as for the degree in Obstetric Science.

ROYAL UNIVERSITY OF IRELAND.

M.B. DEGREE.

For this five examinations must be undergone, viz.:—The Matriculation, First Arts, First Medicine, Second Medicine, and Degree examination. The subjects include Latin, which is compulsory, and some one of quite a number of other languages, Greek being relegated by this so-called University to a corner, whence it may be picked up at discretion by the student; the English language, Elementary Mathematics and Experimental Physics. There are of course honour lists.

THE FIRST EXAMINATION IN ARTS.

The subjects are the same as the last, but a more thorough knowledge is required. It may be passed at the same time with the first medical, at the end of the first year. This is a most vicious arrangement, for it allows the student to go on with both Arts and Medicine at the same time. Now either of these would give the average student quite enough to do, and to put both on his shoulders is to imitate the practice of Trinity College, which has at length received a public rebuke at the hands of the Medical Council's Visitors. Of course in the case of the latter the evil is on a greater scale, for the entire B.A. course may be pursued concurrently with that for M.B.

The course of medical study extends over four years. During the first two the following lectures must be attended :--Botany, Materia Medica, Practical Anatomy, Zoology, Histology, Chemistry, Physiology, and Anatomy. The second two years must be occupied with Mental diseases, and Forensic Medicine, Anatomy, Practical Anatomy, Physiology, with Practical Physiology, and Histology, Surgery, Midwifery, and Medicine. Six months' hospital attendance must be put in during the first two years and eighteen during the second, including three months' attendance at a fever hospital. Six months at a midwifery hospital, with attendance on twenty labour cases, must also be put in. In addition to the foregoing, certificates of vaccination, of three months' attendance at a lunatic asylum, of personal attendance on ten fever cases, and of having compounded for three months, under a licensed apothecary or chemist, are required. This last limitation is strictly illegal, and will, I trust, not be allowed to pass unquestioned. All medical practitioners have rights reserved to them under the Act of 1858 and under the Irish Pharmacy Act, of which this is a distinct invasion. There has been a legal decision in England as to these reserved rights, and of this full particulars will be found in Mr. Hardy's evidence before the commission of inquiry into the Medical Acts. The whole thing is of a piece with the conduct of the Senate of this University, who have never lost an opportunity of affronting the rank and file of the profession wherever it has been in their power to do so. As if all these requirements were not enough,

we had the further suggestion thrown out that students ought to avail themselves of the opportunity of attending eye and ear diseases, and heaven knows how many other specialisms besides. At this stage the powers of description can go no further, and the Senate is satisfied to simply state "other special departments" without venturing on their enumeration.

FIRST EXAMINATION IN MEDICINE.

This is passed at the end of the first year. Three subjects are taken, viz.:—Zoology, Botany and a modern language. If the candidate have already passed in this last, or if he be not going in for honours, he may omit it. An equal number of marks (100) is allotted to each of the three subjects.

THE SECOND EXAMINATION.

Before entering for this another year must have elapsed, and the necessary courses must have been gone through. They are then examined in *Materia Medica* and Chemistry, with Anatomy and Physiology; one hundred marks are allowed for the last three subjects and eighty for the first.

THE DEGREE EXAMINATION.

Another academical year must have elapsed from the passing of the last examination before candidates are admitted to this, and the prescribed curriculum must have been complied with. The candidates are then examined in Medicine, Midwifery and Surgery, Forensic Medicine with Anatomy, Physiology and its subordinates—Practical Physiology and Histology. The Anatomy and Physiology taken up at this examination are largely the complement of what has been examined on at the previous examinations. This piecemeal system of studying Anatomy has its advantages, but it has also very considerable disadvantages, and these I have discussed in another place. The Microscope and all the other "scopes" have full swing here, and when one surveys the appalling mass of matter that has to yield to the assaults of the unhappy candidate, Goldsmith's couplet irresistibly suggests itself to the mind. For in sooth we are obliged to confess that with us the sense of the ludicrous intrudes at inconvenient moments. At all these examinations 50 per

cent. of the marks constitute a pass, and the special value of the different subjects is determined by the total marks assigned to each. Thus one hundred are assigned to each of the subjects for this examination, with the exception of Forensic Medicine, which is only valued at half that amount.

THE M.CH. DEGREE

Is only open to M.B.'s A three months' course of Operative Surgery is required, and they will then be examined in Surgery, in Operative Surgery, and in Clinical Surgery. The examination is consequently written, oral, practical and clinical.

MIDWIFERY DEGREE.

This is only given to M.B.'s and the examination is written, practical and oral.

SANITARY DIPLOMA.

This also is only conferred on M.B.'s. The subjects are Chemistry, Physics, Geology, Climatology, Sanitary Engineering, Hygiene, Sanitary Law and Vital Statistics.

THE M.D.

* No one can be admitted to this until two years after obtaining that of M.B. During those two years candidates must have been engaged either in private practice or at an hospital, or in the public service. Candidates are required to diagnose six cases at the bedside, write detailed reports on two, and submit to a searching examination in connexion with these. They will be further required to write a Thesis. This must contain some personal observations on some one subject of the Curriculum, or else a *précis* with critique of the opinions of somebody else on some given subject of importance.

M.D.

M.B.'s living abroad can obtain their M.D. without examination and *in absentia*, on furnishing papers on medical subjects written by them.

(* Special provision has been made to meet the case of the students of the defunct Queen's University.)

M.B. FINAL EXAMINATION (WRITTEN EXAMINATIONS).

Three hours are allowed for these. Each examiner adjudicates on his own questions. The number of the questions varies and all are expected to be answered.

ORAL.

In the oral the time allowed for each is about a quarter of an hour, but this is extended to half an hour if the necessities of a weak candidate should require it, and two examiners take part in each subject. By the use of numbers at the *Written* and of names at the *Oral*, a complete break in the identification of the writers of papers is established. The visitors of 1885 commented adversely on the absence of preparations, instruments, etc., from the Medical, Surgical, and Forensic Medical parts of these examinations. These were then forthcoming in the Midwifery department but in none other. They are now forthcoming in all. The Anatomical and Physiological examinations are eminently practical. In Physiology they must make at one time and identify at another, microscopical preparations. In Anatomy each has to dissect a region for himself, and answer questions on it and other parts of the Anatomy. With regard to the clinical examinations here the candidates are left to themselves, in some cases, until the examination is concluded. In others they are questioned during the progress of the examination. The judgment is a joint production and the same can be said both of questions and examinations. The visitors, already quoted, tell us that they formed a poor opinion of the candidates' acquaintance with practical medicine and surgery. In another part of this work will be found a history of the negotiations with this University on the part of certain hospital physicians for clinical recognition. This statement of the visitors clinches their case. Furthermore, pathological and microscopical specimens, as also urinary ones, were formerly not so regularly submitted to candidates at these examinations as they should have been. These, however, together with splints and bandages, are now forthcoming as regularly as they ought to be. The visitors comment at length on the system of marking, which was a very irregular one, different and disproportionate values being attached

to different portions of the examination. Thus the written in Midwifery was valued higher than the written in Medicine, and the oral in the same much higher than the corresponding in Medicine. Special comment was also made on the absence of system in the allotment values in the oral, practical and written respectively. They wind up by recommending that the values of the five principal subjects should be all equal. That those of their sub-divisions should be equal; and that the relative values of the written, oral and clinical should be as nearly as possible uniform. Such an arrangement would of course require the reduction of the collective results of the different examinations in each subject to a percentage for the purpose of final adjudication. The results were determined by the passing marks in each subject rather than by the total number gained in all. These visitors of '85 commented on the insufficient knowledge of essential subjects displayed by most of the candidates; they further dwelt on their imperfect clinical training. These imperfections they set down to their imperfect opportunities and teaching. It is impossible to dwell too often on the poor clinical training of the candidates for the degrees of a University, whose governing Body so insultingly flouted the just and reasonable application of Irish Provincial Physicians for clinical recognition. The visitors throw the blame of this not upon the right cause, to wit, absence of sufficient facilities, but on the fact that they have to keep up their Anatomy and Physiology. We should be only repeating ourselves here were we to renew opinions expressed elsewhere on this knotty point. We will say this, however, that when the visitors tell us that a large proportion of the candidates here owe the lamentable ignorance which they betrayed in respect to Medicine, Surgery and Midwifery, to the compulsion under which they laboured of preparing themselves simultaneously in Anatomy and Physiology, they adumbrate opinions which largely owe their birth to their fertility of imagination, or to their inability to take in the whole field before them. Very great prominence is given to imperfect clinical training, to poor manipulative and operative skill. Now the acquisition of sound clinical knowledge, and the cultivation of manipulative dexterity, constitute so much of a relief to the dry bones of Anatomy

and Physiology that they would be but a pleasing relaxation to those burthened with the keeping up of those subjects. Copious floods of theory might stand in a different light, but it is in those practical details, which it is an impudent falsehood to pretend can be acquired at the few hospitals now used, that the visitors found students so deficient. It was further commented on that the students were not tested in skin diseases. The visitors erred on this point, however, and at all events no such complaint can now be made. Midwifery receives but a legitimate share of attention notwithstanding some allegations of the visitors to the contrary. Fault was then found that at the clinical the examination of each candidate was not conducted by a single examiner, and that the notes taken were too brief to be of any value. Some people favour long notes of cases with subsequent close questioning by examiners. Others recommend exclusively the oral system. A mixed method works well at other examining Boards, and its introduction here might be recommended if our personal experience were not opposed to too rigid a uniformity. The fact is, a good examiner will take out of a good case as much *materiel* for the estimation of a student's knowledge and training under any method, as student and case will admit of, while no method will allow a poor examiner or an indifferent student or both to do more than exhibit the poverty of their understanding. After all the visitors' comments as to "lamentable ignorance," etc., nothing can be more astounding than their winding-up by informing us that the examinations are in all cases sufficient and fair tests of the candidate's knowledge of the more important subjects. It is very easy to say that the "lamentable ignorance," etc., was confined to the 50 per cent. that were rejected, but the whole context declares the very reverse. Indeed in one passage we are told that the remarks do not apply to all the candidates, inasmuch as there were some good average men. It is impossible to acquit the visitors here of a kindly desire to gloss over the gravest defects in their palpable anxiety to whitewash an examination which they notoriously declared in private was a test so imperfect of practical training, that they could not understand how human life could be intrusted to the tender mercies of the bookfull blockheads who had passed it. *Quis custodiet custodes*

who shall be found to visit our visitors? As in the case of the Scotch Universities, clerkships and dresserships are not compulsory. This has one merit about it, viz., that it does not favour dishonesty. For what else is it but dishonest to accept certificates of whole troops of dresserships where there was nothing to dress. It is not so easy to march off with members of a living subject; consequently three or four dressers per patient will not find it quite so easy to divide their prey as in the dissecting room. Certificates of personal attendance on fever cases are here required, but this attendance is in the majority of cases a mockery and a fraud. The lunatic asylum too must be visited. Let us hope for a last, as well as a first, acquaintance, though on this head we cannot be too sure, with the ever growing burthens that are now laid on understandings which are not always the most solid. Dr. Bristowe was very strong in his conviction that medicine did not count sufficiently at this examination, and recommended that it should bear a larger proportion than as two to nine in the total marks. Looking at the fact that this examination is for a medical degree, and that there are special examinations for Midwifery and Surgery degrees, this view of it will commend itself to most people.

The bungling exhibited at the Operative Surgery examinations for the M.Ch. was so great as to draw forth the strong opinion that few of the men had conscientiously gone through their three months' course of Operative Surgery. As to their capacity for clinical work we are told that as a rule they signally failed, and that consequently some steps should be taken to prevent candidates from neglecting their clinical training. Here comes in then a recommendation for compulsory dressership, and for raising the proportion of marks for clinical work, which is at present only a fourth of the entire. And lastly, of dispensing with all anatomy save that which has a direct bearing on practice.

A last word, but a most significant word of these visitors, is a recommendation that the examiners should not be unduly lenient in their marks. No amount of condemnation could convey a tithe of the meaning that these mild words do. The short and the long of the whole thing is, that these degrees are not entitled to be registered; that, and that only, is the plain

meaning of the visitors' language. What, then, are we to say of such shilly-shally visiting. No one who compares the reports of this University and the University of Dublin can avoid coming to the conclusion that the present system of visitation, with its semi-independent visitors, is simply a source of great expense and of no value.

In the Midwifery department considerable fault was found with the *viva voce* for constituting only 30 per cent. of the marks. The practice was further condemned of passing candidates who had not obtained 50 per cent. of the marks in this subject. The visitors commented upon the absurdity of making students pass two equally thorough examinations in this subject one after the other. One of these must be passed in the Obstetric part of the M.B. examination, and the other for the special diploma of Obstetrics.

The Belfast medical students sent a deputation to the Senate to complain of all the examinations. They demanded (1) That a larger proportion of Belfast men should be placed on the Examining Boards. (2) That the time for answering at the oral in Physiology should be increased. (3) That the examinations in Midwifery, Medicine, and Surgery should be less full of Dublin "tips," and conform more in the matter of diagnosis and treatment to what are found in standard text books, and are recognised by the leading Medical Schools, and to what are practised by leading London men. (4) Further complaint was made that the courses of examination were altered without proper notice. As the outcome of all this they declared that they were put to the expense of grinding in Dublin in order to pick up all those worthless "tips." The deputation was graciously received, but the report of a Senatorial Committee appointed to investigate the whole matter has not as yet been given to the public.

The following curriculum will apply from next autumn:—

(1) A certificate of medical registration shall be required prior to admission to first examination in Medicine.

(2) Medical students shall not enter upon their regular professional studies until the completion of their obligatory non-professional studies.

The first examination in Medicine shall include Natural

Philosophy, Systematic and Practical Chemistry, Botany, and Zoology ; and particular weight shall be given to the practical part of the examination. The second examination shall include Systematic and Practical Anatomy, Systematic Physiology and Pharmacology.

No certificate of attendance on any of the courses here prescribed for the second year shall be accepted, where such attendance appears to have been given before the completion of the full course prescribed above for the first year.

No certificate of attendance at instruction in any of the branches of study assigned to the third and fourth years shall be accepted, where such attendance appears to have been given prior to the completion of the second year of medical studies, as above.

At the end of the third year of medical studies, which shall comprise—

Advanced Systematic and Practical Anatomy ;

Advanced Systematic and Practical Physiology and Histology ;

Medicine (including Therapeutics and Pathology);

Surgery (including Therapeutics and Surgical Pathology), there shall be a special examination in the complete course of Anatomy, Physiology, and Histology, as prescribed above.

The fourth year's course shall comprise the remaining subjects of the medical curriculum, viz. :—

Midwifery, and Diseases of Women and Children.

Mental Diseases (three months' course in a recognised institution where clinical instruction on Mental Diseases is given).

Medical Jurisprudence, with Hygiene.

Ophthalmology and Otology (a three months' course in an hospital having at least ten beds devoted to Diseases of the Eye and Ear.)

In addition to the present regulations as to hospital attendance, practical midwifery, etc., which are maintained, the following provisos have been made :—

- (a) No hospital attendance will be recognised where such attendance has taken place prior to the completion of the first year of medical studies.

- (b) The prescribed attendance during three months in a fever hospital, etc., must take place before the commencement of the fourth year of medical studies.
- (c) Attendance on Practical Midwifery and Gynæcology shall not take place before the fourth year of medical studies.

The examination for the M.B. degree shall take place at the conclusion of the fourth year of medical studies, and will comprise all the subjects prescribed above for the third and fourth years of medical studies, with the exception of Anatomy, Physiology, and Histology.

Should any candidate specially desire it, he may be allowed to present himself for the two examinations—that for the third year, and the final examination—at the end of his fourth year. But in such a case, failure in the subjects of the third year's examination shall involve the complete loss of the whole examination. At the last meeting of Convocation a resolution was carried calling on the Senate to introduce the five years' curriculum recently recommended by the Medical Council.

CONCLUSION.

We have in the various divisions of the foregoing entered so fully into the state of the Medical Profession in its various departments of Physics, Surgery, and Pharmacy in Great Britain and Ireland at the time of writing these volumes that, under that head, we shall now say nothing beyond a partial recapitulation.

It is clear that the first condition for rendering our Body more respectable than it is at present is to get rid of unpaid labour. As long as such an immense amount of labour is bestowed on the public for nothing in voluntary hospitals, free dispensaries, etc., so long must the profession continue in its present plight.

As long, too, as so much medical labour is rendered for rates of pay which bear no kind of relation to the cost price in the

various sixpenny dispensaries, parochial offices, etc., so long will the profession continue to be less respectable than it ought to be.

The sanitary service of the three kingdoms must be reconstructed in the interest of the same increase of status, and, happily, in that of the public too. The staff must be few, the salaries suitable, and segregation from private practice made compulsory.

The Poor-law staff of the three kingdoms must have more secure tenures, just pay, a rational amount of work, and pensions for their old age or for health broken by the accidents of the service. A competitive system of examination should be introduced for all the Civil Medical Services. The Army examinations could be utilised for the purpose, and places given in the order of merit to those who might pass them. Exchanges should be allowed, and promotion should be made partly on account of age, and partly on account of services rendered to medical science. Such an arrangement as this would protect the interest of the poor man who has at present no voice in the selection of parochial medical officers, though he contributes by his indirect taxes to their payment, and though he is helplessly dependent on them in his hour of sorest need. It would respect the susceptibilities of talented, industrious, and well-informed candidates, who have a right to ask from the State some guerdon for these qualities.

It would finally get rid of the family and polemical influences which almost invariably decide those elections to the insult of merit and to the grievous injury of the poor.

The whole hospital system of the country must be placed under a State medical head, and voluntary and public endowed hospitals must be duly co-ordinated, and equally placed under such a head.

The medical officers of these hospitals must have their pay, tenure, method of selection and condition of retirement radically altered.

All the dispensary men of each town should officer the town hospital and promotion to the city or metropolitan hospital should follow partly on age, but principally on services rendered to medical science, and on an examination similar to that which is now to be passed by the higher medical officers of the army.

The administrative changes with regard to dealing with applicants for admission of different grades and of various means have been dwelt upon elsewhere.

The entire State system of sanitation, of hospital, and of dispensary medical relief should be placed under charge of a Minister who would occupy an equal position with that of any of the existing Secretaries of State.

The ideal Medical Council would be a small Body consisting of (1) crown nominees, (2) corporate delegates, and (3) of direct representatives in equal numbers. It should be freed from its present disgraceful dependence on the Privy Council, to which, or preferably to the ordinary Courts, we would allow the right of appeal to individuals and corporations in the last resort.

No person who has not received a medical education should, under heavy penalties, be allowed to practice for gain; and full liberties should be allowed to every person to prosecute for violation of this rule.

The crying inferiority of the secondary and University education of these kingdoms as contrasted with those of so many Continental nations, which has been so often pointed out by public Commissions, should be remedied by a complete reconstruction of our whole educational system on the basis of those Continental models. Candidates for the Medical Profession could then obtain the instruction which they too often cannot have at present, and we should hear less of the disgraceful ignorance of University graduates than we do now.

Without, however, waiting for such a resolution, I would oblige every medical student to spend two years at an University before entering a Medical School, and I would take care that he should first pass a stiff preliminary examination, that the University should not be a mere examining Board, and that its course of study should be a reality and not the sham article disclosed by the Medical Council's visitors for 1885. I would take care to guard against personation, by means of photographs and personal vouchers and introductions; for there is but too much reason to believe that this personation is practised on a most extensive scale.

As to the subject matters of the preliminary examinations, I would prefer to act upon the experiences of a thousand years of

the entire of Continental Europe, of authorities like Mr. Arnold, and of Universities like those of Oxford and Cambridge rather than on the maunderings of ignorant parents who cannot carry their ideas of education beyond mere bread and butter studies ; and accordingly I would exact a thorough knowledge of Greek and Latin as the basis and foundation of all culture and knowledge. I would add to these a reasonable amount of Mathematics and Natural Science.

As the University vacation extends over but too large a part of each year, I would have the pupils spend these vacations and one full year besides with a provincial hospital practitioner, under whose charge he would learn enough to prevent his cutting a disgraceful figure similar to that cut by the gentlemen referred to in the Visitors' Reports, 1885, of the Royal University of Ireland.

I would pursue the moral part of this discipline through the whole of a student's career, by obliging such as could afford it to live with members of the school staffs, and such as could not afford it to lodge under a close and continuous system of medical supervision.

As to the schools, these are altogether absurdly numerous, and their teachers and appliances, in many instances, shamefully inefficient. They must be inspected at regular intervals, and if found wanting, disfranchised. The best arrangement would be that which would concentrate the scientific teaching at *bonâ fide* Universities, and leave the practical teaching to the Colleges, and to their dependent schools. The system which somewhat nominally, however, prevails in Edinburgh of examining teachers prior to recognition, should be made a reality, and extended to all teachers. That the hospitals should be partially correlated with the schools, and with a view of encouraging the junior staffs of the latter, some hospital places should be reserved for them as a reward for school services.

Multiple courses of lectures, say in Anatomy and Surgery, should be prohibited, and the additions lately made to the curriculum of Hygiene, mental diseases, and Ophthalmology should be compulsory only on those preparing for special departments, while the monstrous addition of vaccination should be omitted altogether.

Minimum curriculum of five years should be insisted on, and the areas of Physiology, Chemistry, Materia Medica, Botany, Physics and Zoology should be distinctly defined.

The lectures should be taken out in due sequence to the examinations, and parties who fail at an examination should be compelled to take out additional lectures after each failure, and the number of times a candidate may try his hand again should be limited, and no candidate who has failed twice at the examination of one Body, should be permitted to present himself at all before any other Body.

An examination shall be compulsory at the end of the first year, and such examination should not require compulsory lectures, but should be modelled on the arrangement until lately practicable at the Irish College of Surgeons.

As to hospital work, every student should be compelled to spend a fixed time as dresser and clinical clerk in some hospital, and the number of such appointments should bear a definite proportion to the number of patients, and the Medical Council should disfranchise any hospital which should attempt to name an undue proportion of dressers.

Note-taking deserves to be made compulsory on all students. Its importance is recognised in the inchoate scheme of the two Dublin Colleges.

Students who pass the final examination on a certain minimum of marks should be obliged to spend some extra time with a private practitioner to further fit them for the actual duties of their calling.

Tutorial instruction should be compulsory on every medical school, and had I the power, I would deal a death blow to the present clap-trap about separating the offices of examiner and teacher, and in all cases combine both.

I would see with satisfaction a great teaching University founded in London, as it is most grievous to contemplate the flight of students from the greatest clinical centre in the three kingdoms to places where the material for that instruction is notoriously too attenuated to be other than of poor value.

The Army and Navy services have been fully discussed elsewhere, and we shall not repeat our observations here.

The Collective Investigation Committee, and the various Medical Journals and Societies now afford ample field to hard working and capable lovers of science, and if through the introduction of a competitive system the proper relationship between both were established, we would see the field properly cultivated.

The founding of the Association of the General Practitioners of England is an event in the history of the year, and is certain to be no mean factor in shaping the course of future events.

The extension of the franchise to the license holders of all the Colleges and Universities would not only be an act of justice, and such as would alone satisfy the mass of the profession, but it alone would now enable the Council to hold up its head at all against the Privy Council.

There must be an end to private examinations of all kinds, and all examinations for which the title of "higher" is claimed, must be adequately inspected and the reality must be made to correspond with the name.

The approaching application of the two London Colleges for an University charter will not, we trust, be conceded, unless its promoters are willing to admit their licentiates and members to share in the government of their respective Colleges.

Workhouse hospitals, provincial infirmaries, and dispensaries should be utilised as fully as possible.

All the examinations are now practical, and though some still require to be made more complete than they are at present, the testing on the dead subject and the production of preparations, and specimens in Chemistry, Botany, and Pharmacy, and finally the clinical examinations so nearly approach the ideal of Mr. Carmichael that could he but revisit us once more he would see but little to be accomplished in this direction by his thoughtful Carmichael bequest.

Lastly, as to curriculum, I give my preference so decidedly to the scheme which up to the present has been termed the new scheme of the Irish College of Surgeons, and for the establishment of which Dr. Kidd was largely responsible, that I shall not try to be original at the expense of my convictions. I would indeed take off a course of Anatomy, and possibly make one course of Physiology do duty in both the theoretical and practical

departments, and I most certainly would not require compulsory lectures for the first year's course.

Special subjects, such as Hygiene, Mental Diseases, and Ophthalmology should not be obligatory on every student, but should be taken up by specialists in a further period than that embraced in the time of the ordinary curriculum.

APPENDIX No. I.

The following tables shed too significant a light on the necessity for school inspection not to make their publication here imperative. The light which they also throw on the earlier examinations cannot fail to convince reformers of the undesirability of continuing to leave those examinations, as has been more than once proposed, in the untrammelled hands of any of the existing Bodies.

R. C. P.

R.C.P., LONDON.

	Degrees.	No. of Examinations to be passed.	1st Examination		2nd Examination		Final Examin.	
			Rejected.	Passed.	Rejected.	Passed.	Rejected.	Passed.
1879	Licence ...	2	14	9	—	—	61	68
	Membership...	3	—	—	—	1	4	20
1880	Licence ...	2	10	18	—	—	15	108
	Membership...	3	—	—	—	—	9	14
1881	Licence ...	3	10	47	16	19	28	79
	Membership...	3	—	—	—	—	6	17
1882	Licence ...	3	109	258	26	20	26	90
	Membership...	3	—	—	—	—	5	22
1883	Licence ...	3	130	377	37	23	23	113
	Membership...	1	—	—	—	—	—	—
1884	Licence ...	3	210	482	51	43	45	182
	Membership...	1 to 3	—	—	—	—	16	34
1885	Licence ...	3	278	504	73	38	88	202
	Membership...	3	—	—	—	—	8	21
			761 1 $\frac{1}{4}$: 2	1695	205 1 $\frac{2}{3}$: 1	123	285 1 : 3 $\frac{1}{2}$	970

R. C. S.
R.C.S., ENGLAND.

	Degrees.	No. of Examinations to be passed.	1st Examination		2nd Examination		Final Examin.	
			Rejected.	Passed.	Rejected.	Passed.	Rejected.	Passed.
1879	Membership...	2	276	451	—	—	144	353
	L. in Midwifery	1	—	—	—	—	—	—
	Fellowship ...	2	55	43	—	—	12	26
1880	Membership...	2	270	630	—	—	172	424
	L. in Midwifery	1	—	—	—	—	—	—
	Fellowship ...	2	42	55	—	—	10	14
1881	Membership...	2	310	567	—	—	228	390
	L. in Midwifery	1	—	—	—	—	—	—
	Fellowship ...	2	43	47	—	—	20	24
1882	Membership...	2	258	624	—	—	270	451
	L. in Midwifery	—	—	—	—	—	—	—
	Fellowship ...	2	76	53	—	—	25	27
1883	Membership...	2	357	783	—	—	251	403
	L. in Midwifery	—	—	—	—	—	—	—
	Fellowship ...	2	—	—	—	—	—	—

R.C.S., ENGLAND.—Continued.

	Degrees.	No. of Examinations to be passed.	1st Examination		2nd Examination		Final Examin.	
			Rejected.	Passed.	Rejected.	Passed.	Rejected.	Passed.
1884	Membership...	2	316	777	—	—	285	491
	L.in Midwifery	—	—	—	—	—	—	—
	Fellowship ...	2	—	—	—	—	—	—
1885	Membership...	2	451	711	—	—	338	562
	L.in Midwifery	—	—	—	—	—	—	—
	Fellowship ...	2	—	—	—	—	—	—
			2454	4741	—	—	1755	3165
			I : 1 $\frac{429}{818}$				I : 1 $\frac{470}{585}$	

S. A.
S.A., LONDON.

1879	Licence	...	2	78	147	—	—	58	204
1880	Licence	...	2	61	133	—	—	39	230
1881	Licence	...	2	58	134	—	—	53	235
1882	Licence	...	2	61	105	—	—	54	200
1883	Licence	...	2	73	134	—	—	76	161
1884	Licence	...	2	51	72	—	—	85	300
1885	Licence	...	2	24	40	—	—	119	323
				406 765 I : I $\frac{350}{406}$		Total		484 1653 I : 3 $\frac{201}{484}$	

U.
U., OXFORD.

	Degrees.	No. of Examinations to be passed.	1st Examination		2nd Examination		Final Examin.	
			Rejected.	Passed.	Rejected.	Passed.	Rejected.	Passed.
1879	M. B. ...	2	2 (one also withdrew) 7		—	—	2	5
	M. D. ...	Essay	—	—	—	—	—	1
	Examination in presentation Med- icine of P. Health	—	—	—	—	—	—	—
1880	M. B. ...	2	6	8	—	—	—	6
	M. D. ...	Essay	—	—	—	—	—	2
1881	M. B. ...	2	6	12	—	—	2	7
	M. D. ...	Essay	—	—	—	—	—	2
1882	M. B. ...	2	5	8	—	—	2	4
	M. D. ...	Essay	—	—	—	—	—	—
1883	M. B. ...	2	7	9	—	—	8	8
	M. D. ...	Essay	—	—	—	—	—	5
1884	M. B. ...	2	10	11	—	—	5	10
	M. D. ...	Essay	—	—	—	—	—	5
1885	M. B. ...	2	{ Physics R. P. 4 14 Chemistry 7 11 Biology 11 4 }		—	—	6	7
	M. D. ...	Essay			—	—	—	—
			58	91	—	—	25	62
			1 : 1 $\frac{33}{58}$				1 : 2 $\frac{12}{25}$	

U.

U., CAMBRIDGE.

	Degrees.	No. of Examinations to be passed.	1st Examination		2nd Examination		Final Examin.	
			Rejected.	Passed.	Rejected.	Passed.	Rejected.	Passed.
1879	M. B. ...	3	35	48	4	23.	6	7
	M. D. ...	1	—	—	—	—	—	4
	M. C. ...	1	—	—	—	—	—	1
1880	M. B. ...	3	25	37	3	28	Part I. R. 5 P. 18	Part II. R. 4 P. 14
	M. D. ...	1	—	—	—	—	—	7
	M. C. ...	1	—	—	—	—	—	1
1881	M. B. ...	4	23	63	16	32	B.S. Part R. 6 P. 27	Part II. R. 2 P. 26
	M. D. ...	1	—	—	—	—	—	10
	M. C. ...	1	—	—	—	—	—	—
1882	M. B. ...	4	32	69	20	26	Part I. R. 7 P. 2	Part II. R. 1 P. 19
	M. D. ...	1	1	4	—	—	1	4
	M. C. ...	1	—	—	—	—	—	—
1883	M. B. ...	4	32	68	23	46	Part I. R. 11 P. 29	Part II. R. 1 P. 35
	M. D. ...	1	—	—	—	—	—	5
	B. S. ...	1	—	—	—	—	1	3
	M. C. ...	1	—	—	—	—	—	—

U., CAMBRIDGE.—*Continued.*

	Degrees.	No. of Examinations to be passed.	1st Examination		2nd Examination		Final Examin.	
			Rejected.	Passed.	Rejected.	Passed.	Rejected.	Passed.
1884	M. B. ...	4	34	77	35	42	Part I. R. 11 P. 21	Part II. R. — P. 28
	M. D. ...	1	—	2	—	—	—	2
	B. S. (after M. B.) ...	1	—	—	—	—	1	6
	M. C. (after M.B. & B.S.)	1	—	—	—	—	—	—
1885	M. B. ...	4	Part I. R. 47 P. 91	Part II. R. 50 P. 82	Part I. R. 21 P. 97	Part II. R. 32 P. 57	Part I. R. 11 P. 25	Part II. R. 8 P. 27
	M. D. ...	1	—	—	—	—	—	—
	B. S. ...	1	—	—	—	—	2	4
	M. C. ...	1	—	—	—	—	—	—

U.

U. DURHAM.

1879	L. M. ...	2	—	—	—	—	—	—
	M. B. ...	2	3	5	1	7	1	7
	M. D. ...	Essay	—	—	—	—	—	—
	M. C. ...	2	—	—	—	—	—	—
	M. D. (for Prac- titioners of 10 yrs. standing)	1	—	—	—	—	—	—

U., DURHAM.—*Continued.*

	Degrees.	No. of Examinations to be passed.	1st Examination		2nd Examination		Final Examin.	
			Rejected.	Passed.	Rejected.	Passed.	Rejected.	Passed.
1880	L. M. ...	2	—	—	—	—	—	—
	M. B. ...	2	8	18	1	9	1	9
	M. D. ...	Essay	—	—	—	—	—	—
	M. C. ...	2	—	2	—	2	—	2
	M. D. (Prac- titioner of 15 yrs. standing)	1	—	—	—	—	3	1
1881	L. M. ...	2	—	—	—	—	—	—
	M. B. ...	2	19	30	5	19	5	19
	M. D. ...	Essay	—	—	—	—	—	4
	M. C. ...	1	—	—	—	—	5	7
	M. D. (Prac- titioners of 15 yrs. standing)	1	—	—	—	—	6	8
1882	L. M. ...	2	—	—	—	—	—	—
	M. B. ...	2	23	44	3	17	3	17
	M. D. ...	Essay	—	—	—	—	—	6
	M. C. ...	1	—	—	—	—	4	4
	M. D. (Prac- titioners of 15 yrs. standing)	1	—	—	—	—	3	8

U., DURHAM.—*Continued.*

	Degrees.	No. of Examinations to be passed.	1st Examination		2nd Examination		Final Examin.	
			Rejected.	Passed.	Rejected.	Passed.	Rejected.	Passed.
1883	L. M. ...	2	—	—	—	—	—	—
	M. B. ...	2	31	32	7	12	7	12
	M. D. ...	Essay	—	—	—	—	—	11
	M. C. ...	1	—	—	—	—	7	2
	M. D. (for Practitioners of 15 yrs. standing)	1	—	—	—	—	8	10
1884	L. M. ...	2	—	—	—	—	—	—
	M. B. ...	2	40	49	—	—	4	37
	M. D. ...	Essay	—	—	—	—	2	6
	M. C. ...	1	—	—	—	—	11	1
	M. D. (for Practitioners of 15 yrs. standing)	1	—	—	—	—	1	5
1885	L. M. ...	2	—	—	—	—	—	—
	M. B. ..	2	50	62	—	—	15	29
	M. D. ...	Essay	—	—	—	—	1	5
	M. C. ...	1	—	—	—	—	4	7
	M. D. (for Practitioners of 15 yrs. standing)	1	—	—	—	—	3	7
			174 1 : 1 $\frac{34}{87}$	242	17 1 : 3 $\frac{8}{17}$	59	95 1 : 2 $\frac{36}{95}$	226

U.

U., LONDON.

	Degrees.	No. of Examinations to be passed.	1st Examination		2nd Examination		Final Examin.	
			Rejected.	Passed.	Rejected.	Passed.	Rejected.	Passed.
1879	M. B. ...	3	71	92	1st M.B. 36	2nd M.B. 66	2nd M.B. 20	2nd M.B. 25
	M. D. ...	1	—	—	—	—	4	6
	B. S. ...	1	—	—	—	—	1	6
	M. S. ...	1	—	—	—	—	—	—
1880	M. B. ...	3	72	100	38	65	16	34
	M. D. ...	1	—	—	—	—	4	12
	B. S. ...	1	—	—	—	—	2	6
	M. S. .	1	—	—	—	—	—	—
1881	M. B. ..	3	102	105	38	61	24	39
	M. D. ...	1	—	—	—	—	4	18
	B. S. ...	1	—	—	—	—	1	8
	M. S. ...	1	—	—	—	—	—	—
1882	M. B. ...	3	93	116	39	67	5	49
	M. D. ...	1	—	—	—	—	7	19
	B. S. ...	1	—	—	—	—	3	10
	M. S. ...	1	—	—	—	—	—	—

U., LONDON.—*Continued.*

	Degrees.	No. of Examinations to be passed.	1st Examination		2nd Examination		Final Examin.	
			Rejected.	Passed.	Rejected.	Passed.	Rejected.	Passed.
1883	M. B. ...	3	111	120	63	62	11	41
	M. D. ...	1	—	—	—	—	2	28
	B. S. ...	1	—	—	—	—	4	11
	M. S. ...	1	—	—	—	—	—	2
1884	M. B. ...	3	126	116	58	68	14	53
	M. D. ...	1	—	—	—	—	9	24
	B. S. ...	1	—	—	—	—	8	10
	M. S. ...	1	—	—	—	—	—	1
1885	M. B. ...	3	122	147	63	77	20	44
	M. D. ...	1	—	—	—	—	12	16
	B. S. ...	1	—	—	—	—	5	15
	M. S. ...	1	—	—	—	—	1	6
			697	796	335	466	177	484
			1 : 1 $\frac{99}{697}$		1 : 1 $\frac{131}{335}$		1 : 2 $\frac{130}{177}$	

R. C. P.

R.C.P., EDINBURGH.

	Degrees.	No. of Examinations to be passed.	1st Examination		2nd Examination		Final Examin.	
			Rejected.	Passed.	Rejected.	Passed.	Rejected.	Passed.
1879	Licence ...	2	—	14	—	—	38	115
1880	Licence ...	2	12	20	—	—	47	145
1881	Licence ...	2	2	4	—	—	53	138
1882	Licence ...	2	7	12	—	—	40	135
1883	Licence ...	2	14	14	—	—	51	166
1884	Licence ...	2	16	26	—	—	69	147
1885	Licence ...	2	25	35	—	—	81	174
			76	125	—	—	371	1020
			1 : 1 $\frac{49}{76}$				1 : 2 $\frac{278}{371}$	

R. C. S.
R.C.S., EDINBURGH.

	Degrees.	No. of Examinations to be passed.	1st Examination		2nd Examination		Final Examin.	
			Rejected.	Passed.	Rejected.	Passed.	Rejected.	Passed.
1879	Licence ...	2	10	19	—	—	5	43
1880	Licence ...	2	5	5	—	—	1	23
1881	Licence ...	2	3	10	—	—	10	35
1882	Licence ...	2	7	6	—	—	14	28
1883	Licence ...	2	2	12	—	—	17	33
1884	Licence ...	2	5	2	—	—	21	23
1885	Licence ...	2	7	10	—	—	16	36
			39 1 : 1 $\frac{25}{39}$	64	—	—	84 1 : 2 $\frac{53}{85}$	221

P. & S.

P. AND S., GLASGOW.

	Degrees.	No. of Examinations to be passed.	1st Examination		2nd Examination		Final Examin.	
			Rejected.	Passed.	Rejected.	Passed.	Rejected.	Passed.
1879	Licence ...	2	14	31	—	—	11	34
1880	Licence ...	2	17	43	—	—	16	44
1881	Licence ...	2	30	35	—	—	19	43
1882	Licence ...	2	45	40	—	—	30	40
1883	Licence ...	2	52	48	—	—	54	67
1884	Licence ...	2	54	49	—	—	38	49
1885	Licence ...	2	46	31	—	—	44	24
			258	277	—	—	212	301
			1 : 1	$\frac{7}{129}$			1 : 1	$\frac{82}{212}$

R. C. P. S.

R.C.P.S., EDINBURGH.

	Degrees.	No. of Examinations to be passed.	1st Examination		2nd Examination		Final Examin.	
			Rejected.	Passed.	Rejected.	Passed.	Rejected.	Passed.
1879	Licence in Med. & Surg.	2	51	94	—	—	56	159
1880	L. in M. & S.	2	51	109	—	—	61	156
1881	L. in M. & S.	2	78	89	—	—	131	162
1882	L. in M. & S.	2	101	142	—	—	148	149
1883	L. in M. & S.	2	96	118	—	—	141	180
1884	L. in M. & S.	2	120	116	—	—	140	154
1885	L. in M. & S.	2	146	140	—	—	192	196
			643	808 1 : 1 $\frac{165}{643}$	—	—	869	1156 1 : 1 $\frac{287}{869}$

R. C. P.

R.C.P., EDINBURGH, & P. & S. OF GLASGOW.

	Degrees.	No. of Examinations to be passed.	1st Examination		2nd Examination		Final Examin.	
			Rejected.	Passed.	Rejected.	Passed.	Rejected.	Passed.
1879	Licence in Med. & Surg.	2	5	9	—	—	5	21
1880	L. in M. & S.	2	8	20	—	—	13	27
1881	L. in M. & S.	2	12	22	—	—	26	30
1882	L. in M. & S.	2	9	12	—	—	25	27
1883	L. in M. & S.	2	14	5	—	—	19	23
1884	L. in M. & S.	2	10	8	—	—	24	32
1885	L. in M. & S.	3	14	36	2	8	9	10
			72 1 : 1 ⁵ / ₉	112	2 1 : 4	8	121 1 : 1 ⁴⁹ / ₁₂₁	170

U.

U., EDINBURGH.

	Degrees.	No. of Examinations to be passed.	1st Examination		2nd Examination		Final Examin.	
			Rejected.	Passed.	Rejected.	Passed.	Rejected.	Passed.
1879	$\left\{ \begin{array}{l} \text{M. B.} \\ \text{M.B. \& M.C.} \end{array} \right\}$	3	78	184	58	107	27	117
	M. D. ... Thesis		—	—	—	—	5	30
1880	$\left\{ \begin{array}{l} \text{M. B.} \\ \text{M.B. \& M.C.} \end{array} \right\}$	3	120	231	70	156	24	101
	M. D. ... Thesis		—	—	—	—	4	33
1881	$\left\{ \begin{array}{l} \text{M. B.} \\ \text{M.B. \& M.C.} \end{array} \right\}$	3	139	245	88	198	24	135
	M. D. ... Thesis		—	—	—	—	1	29
1882	$\left\{ \begin{array}{l} \text{M. B.} \\ \text{M.B. \& M.C.} \end{array} \right\}$	3	159	246	136	240	42	140
	M. D. ... Thesis		—	—	—	—	2	36
1883	$\left\{ \begin{array}{l} \text{M. B.} \\ \text{M.B. \& M.C.} \end{array} \right\}$	3	147	230	154	202	39	183
	M. D. ... Thesis		—	—	—	—	2	34
1884	$\left\{ \begin{array}{l} \text{M. B.} \\ \text{M.B. \& M.C.} \end{array} \right\}$	3	200	272	167	285	62	189
	M. D. ... Thesis		—	—	—	—	—	—
1885	$\left\{ \begin{array}{l} \text{M. B.} \\ \text{M.B. \& M.C.} \end{array} \right\}$	3	130	332	162	300	45	177
	M. D. ... Thesis		—	—	—	—	7	38
			973	1740	835	1487	284	1242
			1 : 1 $\frac{767}{973}$		1 : 1 $\frac{652}{835}$		1 : 4 $\frac{53}{142}$	

U.

U., ABERDEEN.

	Degrees.	No. of Examinations to be passed.	1st Examination		2nd Examination		Final Examin.	
			Rejected.	Passed.	Rejected.	Passed.	Rejected.	Passed.
1879	M. B. ...	—	—	—	—	—	—	—
	M. D. ...	By pro- motion	—	—	—	—	—	46
	M.B. & M.C.	3	36	89	45	49	15	33
1880	M. B. ...	—	—	—	—	—	—	3
	M. D. ...	By pro- motion	—	—	—	—	—	30
	M.B. & M.C.	3	18	59	41	70	23	35
1881	M. B. ...	—	—	—	—	—	—	—
	M. D. ...	By pro- motion	—	—	—	—	—	25
	M.B. & M.C.	3	30	52	41	47	22	50
1882	M. B. ...	—	—	—	—	—	—	1
	M. D. ...	By pro- motion	—	—	—	—	—	34
	M.B. & M.C.	3	33	51	27	52	20	51
1883	M. B. ...	—	—	—	—	—	—	—
	M. D. ...	By pro- motion	—	—	—	—	—	32
	M.B. & M.C.	3	31	56	19	72	25	55
1884	M. B. ...	—	—	—	—	—	—	—
	M. D. ...	Thesis	—	—	—	—	—	20
	M.B. & M.C.	3	27	72	17	56	31	68
1885	M. B. ...	—	—	—	—	—	—	—
	M. D. ...	Thesis	—	—	—	—	—	20
	M.B. & M.C.	3	35	70	38	52	20	53

U.

U., GLASGOW.

	Degrees.	No. of Examinations to be passed.	1st Examination		2nd Examination		Final Examin.	
			Rejected.	Passed.	Rejected.	Passed.	Rejected.	Passed.
1879	M.C. & M.B. (old)	3	67	67	36	59	12	58
	M.B. & M.C. (new)	4	12	16	—	8	—	—
	M. D. ...	2	—	2	2	1	—	—
	M. D. ... Thesis		—	—	—	—	—	14
1880	M.B. & M.C. (old)	3	42	48	28	75	19	55
	M.B. & M.C. (new)	4	48	67	10	20	0	2
	M. D. ...	2	1	0	2	9	—	—
	M. D. ... Thesis		—	—	1	0	—	14
1881	M.B. & M.C. (old)	3	32	12	24	30	19	76
	M.R. & M.C. (new)	4	61	107	33	88	0	8
	M. D. ...	2	1	0	1	0	—	—
	M. D. ... Thesis		—	—	—	—	—	14
1882	M.B. & M.C. (old)	3	19	6	20	13	15	23
	M.B. & M.C. (new)	4	85	87	48	174	5	29
	M. D. ...	2	—	—	—	—	—	2
	M. D. ... Thesis		—	—	—	—	—	—
1883	M.B. & M.C. (old)	3	5	5	10	8	19	8
	M.B. & M.C. (new)	4	96	112	70	157	9	71
	M. D. ...	2	—	—	—	—	—	1
	M. D. ... Thesis		—	—	—	—	2	15

U., GLASGOW.—Continued.

	Degrees.	No. of Examinations to be passed.	1st Examination		2nd Examination		Final Examin.	
			Rejected.	Passed.	Rejected.	Passed.	Rejected.	Passed.
1884	M.B. & M.C. (old)	3	3	—	5 2nd Exam R.	4 3rd Exam P.	10	10
	M.B. & M.C. (new)	4	59	111	49	189	12	73
	M. D. ...	2	—	—	—	—	6	18
	M. D. ...	Thesis	—	—	—	—	—	—
1885	M.B. & M.C. (old)	3	—	—	4 2nd Exam R.	2 3rd Exam P.	10	3
	M.B. & M.C. (new)	4	75	134	45	215	18	86
	M. D. ...	2	—	—	—	—	—	—
	M. D. ...	Thesis	—	—	—	—	1	23
			606	764	380	1042	156	594
			1 : 1 $\frac{1}{4}$		1 : 2 $\frac{3}{4}$		1 : 3 $\frac{3}{4}$	
U.								
U., ST. ANDREW'S.								
1879	M.B. & M.C.	3	—	—	—	—	—	2
	M. D. ...	1	—	—	—	—	—	10
1880	M.B. & M.C.	3	—	—	—	—	—	1
	M.D. ...	1	—	—	—	—	—	10
1881	M.B. & M.C.	3	—	1	—	—	—	—
	M. D. ...	1	—	—	—	—	—	10

U., ANDREWS.—Continued.

	Degrees.	No. of Examinations to be passed.	1st Examination		2nd Examination		Final Examin.	
			Rejected.	Passed.	Rejected.	Passed.	Rejected.	Passed.
1882	M.B. & M.C.	3	1	4	—	3	—	3
	M. D. ...	1	—	—	—	—	—	9
1883	M.B. & M.C.	3	—	—	—	4	—	2
	M. D. ...	1	—	—	—	—	1	8
1884	M.B. & M.C.	3	—	1	—	—	1	4
	M. D. ...	1	—	—	—	—	—	—
1885	M.B. M.C.	3	—	—	—	—	—	—
	M. D. ...	1	—	—	—	—	—	10
			1	6	0	5	2 1 : 34½	69

K. & Q.
K. & Q.C.P., IRELAND.

1879	L. ...	2	3	5	—	—	29	78
	L. M. ...	1	—	—	—	—	1	79
1880	L. ...	2	0	8	—	—	34	88
	L. M. ...	1	—	—	—	—	8	76

K. & Q.C.P., IRELAND.—*Continued.*

	Degrees.	No. of Examinations to be passed.	1st Examination		2nd Examination		Final Examin.	
			Rejected.	Passed.	Rejected.	Passed.	Rejected.	Passed.
1881	L. ...	2	1	8	—	—	14	105
	L. M. ...	1	—	—	—	—	8	78
1882	L. ...	2	5	8	—	—	27	104*
	L. M. ...	1	—	—	—	—	—	99
1883	L. ...	2	3	8	—	—	32	88
	L. M. ...	1	—	—	—	—	3	83
1884	L. ...	2	5	6	—	—	30	124
	L. M. ...	1	—	—	—	—	13	120
1885	L. ...	2	2	6	—	—	44	99
	L. M. ...	1	—	—	—	—	6	100
			19	49	—	—	249	1321
			1 : 2½				1 : 5⅓	

* Thirteen candidates showed deficiency in General Education, whereof eleven were Licentiates of the R.C.S., Ireland; one had passed the Preliminary Examination of the R.C.S., of England, and one was from Bombay Medical College.

R. C. S.

R.C.S., IRELAND.

	Degrees.	No. of Examinations to be passed.	1st Examination		2nd Examination		Final Examin.	
			Rejected.	Passed.	Rejected.	Passed.	Rejected.	Passed.
1879	L. ...	2	34	120	—	—	29	101
	L. M. ...	1	—	—	—	—	—	8
	Fellowship ...	3	—	3	—	3	—	3
1880	L. ...	2	64	111	—	—	30	122
	L. M. ...	1	—	—	—	—	—	12
	Fellowship ...	3	—	14	—	14	—	14
1881	L. ...	2	101	109	42	102	42	102
	L. M. ...	1	—	16	—	—	—	16
	Fellowship ...	3	—	10	—	10	—	10
1882	L. ...	7	95	125	42	106	42	106
	L. M. ...	1	—	—	—	—	—	1
	Fellowship ...	3	1	—	—	—	—	3
1883	L. ...	7	109	111	40	116	40	116
	L. M. ...	1	—	—	—	—	—	7
	Fellowship ...	3	—	17	—	17	—	17
1884	L. (old) ...	7	118	126	42	124	42	124
	L. (new) ...	10	100	17	—	4	—	—
	L. M. ...	1	—	—	—	—	—	13
	Fellowship ...	5	6	—	—	—	—	13
1885	L. (old) ...	2	100	116	2nd Exam 3rd Exam R. P. R. P.		45	113
	L. (new) ...	4	42	104	51	67	—	—
	L. M. ...	1	—	—	—	—	—	4
	Fellowship ...	2	4	10	—	—	4	10
			774	1009	217	563	274	915
			1 : 1 $\frac{1}{3}$		1 : 2 $\frac{1}{2}$		1 : 3 $\frac{1}{3}$	

A. H.

A.H., IRELAND.

	Degrees.	No. of Examinations to be passed.	1st Examination		2nd Examination		Final Examin.	
			Rejected.	Passed.	Rejected.	Passed.	Rejected.	Passed.
1879	Licence ...	2	18	19	—	—	6	23
1880	Licence ...	2	17	32	—	—	10	34
1881	Licence ...	2	26	44	—	—	13	42
1882	Licence ...	2	29	31	—	—	10	17
1883	Licence ...	2	23	40	—	—	5	31
1884	Licence ...	2	26	32	—	—	9	36
1885	Licence ...	2	13	40	—	—	8	43
			152 1 : 1½	238	—	—	61 1 : 3⅔	226

U.
U., DUBLIN.

	Degrees.	No. of Examinations to be passed.	1st Examination Rejected. Passed.	2nd Examination Rejected. Passed.	Final Examin. Rejected. Passed.
1879	M. B. ...	2	HALF M.B. EXA Subjects. Anatomy (Descrip- tive) ...	M. (TRINITY.) Candidates. R. P. 34 6 28	7 41
	M. C. ...	3	Botany and Materia Medica ...	68 13 55	3 28
	M. D. ...	Thesis	Physics and Chem- istry ...	26 6 60	— —
1880	M. B. ...	2	HALF M.B. EXA Subjects. Anatomy and Phy- siology ...	AMINATION. Candidates. R. P. 79 35 44	— 21
	M. C. ...	3	Botany and Materia Medica ...	59 14 45	4 18
	M. D. ...	Thesis	Physics and Chem- istry ...	56 9 47	— —
1881	M. B. ...	4	Subjects. Anatomy and Phy- sics ...	Rejected. Passed. 30 60	8 32
	M. C. ...	5	Botany and Materia Medica ...	11 49	— 2
	M. D. ...	Thesis	Physics and Chem- istry ...	8 39	— 13
	B. C. ...	5	— —	— —	— 24
	L. C. ...	5	— —	— —	— 1
	L. M. ...	4	— —	— —	— 2
1882	M. B. ...	2	HALF M.B. EXA Subjects. Anatomy and Phy- sics ...	AMINATION. Rejected. Passed. 214 60	11 45
	M. C. ...	Thesis	Botany and Materia Medica ...	6 71	— 2
	M. D. ...	Thesis	Physics and Chem- istry ...	— —	— 11
	B. C. ...	3	— —	— —	— 33
	L. C. ...	3	— —	— —	— —
	L. M. ...	2	— —	— —	— —

U., DUBLIN.—Continued.

	Degrees.	No. of Examinations to be passed.	1st Examination	2nd Examination	Final Examin.
			Rejected. Passed.	Rejected. Passed.	Rejected. Passed.
1883	M. B. ...	4	HALF M.B. EXAMINATION. Subjects. Anatomy and Physiology ...	Rejected. Passed.	7 40
	M. C. ...	Thesis	Botany and Materia Medica ...	17 40	— 1
	M. D. ...	Thesis	Physics and Chemistry ...	11 31	— 13
	B. C. ...	5	— —	16 53	— 10 28
	L. C. ...	5	— —	— —	— 1
	L. M. ...	4	— —	— —	— 2
1824	M. B. ...	4	HALF M.B. EXAMINATION. Subjects. Anatomy and Physiology ...	Rejected. Passed.	6 34
	M. C. ...	Thesis	Botany and Materia Medica ...	31 55	— 4
	M. D. ...	Thesis	Physics and Chemistry ...	10 55	— 17
	B. C. ...	5	— —	15 45	— 7 34
	L. C. ...	5	— —	— —	— —
	L. M. ...	4	— —	— —	— 2
1885	M. B. ...	4	HALF M.B. EXAMINATION. Subjects. Anatomy and Institutes of Medicine	Rejected. Passed.	14 43
	M. C. ...	Thesis	Botany and Materia Medica ...	30 49	— 1
	M. D. ...	Thesis	Physics and Chemistry ...	13 77	— 18
	B. C. ...	5	— —	13 53	— 6 29
	L. C. ...	5	— —	— —	1 —
	L. M. ...	4	— —	— —	— 1
				112 334 1 : 3	84 461 1 : 5½

Q. U.
Q. U., IRELAND.

	Degrees.		No. of Examinations to be passed.	1st Examination		2nd Examination		Final Examin.	
				Rejected.	Passed.	Rejected.	Passed.	Rejected.	Passed.
1879	M. D.	...	3	48	139	31	100	30	47
	M. C.	...	1	—	—	—	—	30	35
1880	M. D.	...	3	72	140	59	103	25	55
	M. C.	...	1	—	—	—	—	29	33
1881	M. D.	...	3	108	122	87	89	26	64
	M. C.	...	1	—	—	—	—	—	—
1882	M. B.	...	3	85	161	60	125	23	72
	M. C.	...	1	—	—	—	—	20	53

ROYAL UNIVERSITY, IRELAND.

1883	M. D.	...	3	—	—	—	—	—	1
	M. B.	...	3	97	176	64	124	48	69
	M. C.	...	1	—	—	—	—	43	66
1884	M. D.	...	3	—	—	—	—	1	3
	M. B.	...	3	—	—	—	—	45	82
	M. C.	...	1	—	—	—	—	50	70
	M. B.	...	3	26	96	71	84	46	64
1885	M. D.	...	3	—	—	—	—	—	—
	M. C.	...	1	—	—	—	—	16	58
				436	834	372	625	—	—
				1 : 1 $\frac{1}{3}$		1 : 1 $\frac{2}{3}$			



APPENDIX No. II.

The subjoined tables show how dependent are many of the Licensing Bodies on the number of Diplomas they dispose of, and how wise therefore were those who advocated such a reform in the Governing Council as would deprive them of the scarcely questioned supremacy which they enjoy at present on that Body.

ROYAL COLLEGE OF PHYSICIANS, LONDON.

1. Average number of Candidates who have for each of the last five years, from 1876 to 1880, obtained from the Royal College of Physicians of London, each of the following registrable titles :—

Fellows.	Members.	Licentiates.	Extra Licentiates.
11·6	20	84·4.	Discontinued.

2. The average amount of emolument derived by the Royal College of Physicians of London in each of those years from the grant of each of those titles :—

Fellows.	Members.	Licentiates.
£365 8s.	£131 15s. 5d.	£576 16s. 9½d.

3. The other sources of income possessed by the Royal College of Physicians of London and the annual amount of Income approximately from such other sources.

Dividends.	Rents.	Sundries.	An. Inc. (miscels.)
£272 3s. 5d.	£263 11s. 5d.	£50.	£602 15s.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

TABLE I.

Numbers of Candidates who have attained Registrable Titles of the College during each of the last five years ending on the second Thursday in July in each year :—

Membership	...	...	...	...	396·8
Fellowship	Examination		...	...	23·2
	Election		...	...	3·6
Dental Licentiateship	...	...	...	...	22
L. in Midwifery	...	...	...	...	0

TABLE II.

Gross receipts from the Membership and Fellowship Examinations, and from other sources, in each of the last five years ending on the second Thursday in July in each year.

			£	s.	d.
From Examinations	...	...	12,263	17	7
„ other sources	...	...	2,913	15	0
Total	...	...	15,177	12	7

TABLE III.

Average annual receipts for the last five years given in round numbers :—

From Membership Examinations	...	£10,500
„ Fellowship Examinations	...	635
„ Dental Examinations	...	230
„ Preliminary Examinations	...	1,085
„ Other sources	...	2,910
Wilson trust excluded.		
Total	...	£15,360

TABLE IV.

Average annual expenditure for the last five years given in round numbers :—

Expenses of Examination	...	£6,635
Museum, Library, etc.	...	8,600
Total	...	£15,235

SOCIETY OF APOTHECARIES OF LONDON.

Average number certificates from 1876 to 1880 inclusive	226
Average amount received	£1,423 15 2½
From dividends on £2,450, Consols, representing excess of receipts over payments in respect of licences for past years, and invested about	£72.
From dividends on Bank Stock, fees, etc., applied wholly for Corporation purposes, about	£3,000

UNIVERSITY OF OXFORD.

Average number of Medical graduates from 1876 to 1880 inclusive : M.D., 1·2 ; M.B. 6·8.

Emolument for degrees in Medicine :—The fee to the University for each M.D. is £40 ; for each M.B. £15 10s. 8d.

The ordinary income of the University may be put down generally as £37,500.

UNIVERSITY OF DURHAM.

Yearly average number of degrees conferred, 1877 to '81, inclusive.

M.D.	M.B.	M.S.
5·4.	10.	2·6
		£ s. d.
1877—Examination fees for M.B., 10 candidates		10 0 0
Do. M.D. (40 years old)		
2 candidates		105 0 0
		<u>£115 0 0</u>
1878—Examination fees for M.B., 21 candidates		101 0 0
Do. M.D. (40 years old)		
4 candidates		210 0 0
		<u>£311 0 0</u>
1879—Examination fees for M.B., 28 candidates		140 0 0
Do. M.D. (40 years old)		
4 candidates		210 0 0
		<u>£350 0 0</u>
1880—Examination fees for M.B., M.S., M.D.,		
51 candidates		255 0 0
Do. M.D. (40 years old)		
10 candidates		472 10 0
		<u>£727 10 0</u>
1881—Examination fees for M.B., M.S. and M.D.,		
64 candidates		320 0 0
Do. M.D. (40 years old)		
6 candidates		283 0 0
		<u>£603 0 0</u>

ROYAL COLLEGE OF PHYSICIANS, EDINBURGH.

The average number of candidates who, in each of the five following years, obtained the undermentioned registrable titles from 1876 to 1880 is as follows :—

Fellows.	Members.	Ordinary Licentiates.	Joint Licentiates Ed. Col. Sut.	Joint Lcts. Fac. Phyns. Glasgow.	Total No. of Licentiates.
8·6	20·6	121·8	135·8	22·6	280·2

Fees therefrom:—

£277 2s. £528 3s. £1,614 16s. 4 $\frac{3}{4}$ d. £740 £124 10s. £2,479 6s. 9 $\frac{1}{2}$ d

Other sources, yearly average '77 to '81 inclusive, £1,382 5 7

UNIVERSITY OF ST. ANDREW'S.

The number of candidates who obtained the registrable titles of M.D., M.B. and C.M. during the five years from 1876-77 to 1880-81, is as follows :—

A—Doctors of Medicine—ten in each year. In 1880-81 there were eleven, one gentleman who had already obtained the M.B. and C.M. having proceeded to the M.D.

Average Bachelors of Medicine and Masters in Surgery, 1876 to '81 inclusive, 1·4.

ROYAL COLLEGE OF SURGEONS OF EDINBURGH.

Fellows	{	Average number, '76 to '80 inclusive,	34·6
		Amount derived	£865
Licences—Yearly average '76 to '80 inclusive,	{	Single	41·4
		Double	126·8
		Total	168·2
		Amount derived	£1,074 19s. 5d.

The amounts derived from licentiates are stated after examiners' fees have been deducted, but various incidental expenses with reference to Fellows and Licentiates, such as diplomas, etc., have not been computed.

The other sources of income in this College are Revenue for the license in Dental Surgery. On account of its recent origin, the revenues from this source will not, it is thought, exceed £100 for many years to come.

Rent of heritable property.

Annual rent of £135 for property let as surgical and medical school.

Invested capital.

The dividends and interest derived from this source may be approximately stated at £637 8s. 1d.

UNIVERSITY OF EDINBURGH.

1. Average number of candidates who have obtained each of the following registrable titles for each of the following years from 1875 to 1880:—

M.D.	M.B.	M.C.
29.	108.	102.

2. Average amount of emolument derived by the University in each of the above years, 1876–1880, both included, from the grant of the degrees, M.D., M.B., M.C.:—

M.D.	M.B.	M.C.
£153 8s.	£2,465 3s. 8½d.	£538 13s.

3. Average annual income possessed from other sources than the conferring of the degrees, M.D., M.B. and M.C., for the years 1876–1880, both inclusive:—

			£	s.	d.
Matriculation fees	...	...	1,866	16	0
Other items	...	...	623	2	9½
Government grant	...	...	500	0	0

UNIVERSITY OF GLASGOW.

Average number of candidates who obtained the following titles from 1875 to 1880.

M.B.	M.D.	Master Surgeon.
16·4	62	57·4

Average amount of emolument derived in each year from each of these titles :—

M.B.	M.D.	Master Surgeon.
£140 16s.	£1,273 13s. 5d.	£305 11s.

The other sources of income are as follows :—

Endowments, grants, capitalised savings, etc.	£12,721
Fees (exclusive of class fees)	3,043
Miscellaneous	813
Total	£16,577

FACULTY OF PHYSICIANS AND SURGEONS
OF GLASGOW.

	Fellows		Licentiates			
	Number	Amount Derived	Single	Double	Total	Amount Derived
Yearly av. from 1876 to '80, inclusive	34·6	£865	41·4	126·8	168·2	£1074 19s.

UNIVERSITY OF ABERDEEN.

1. Average number of Candidates who have obtained from this University, in each of the years 1876-77—1880-81, both inclusive, the registrable titles—M.D., M.B., and M.C.:—

M.D.	M.B.	M.C.
31·6	47·4	45·2

2. Average amount derived in each of those years—1876-77—1880-81 both inclusive, from the grants of the above Degrees :—

M.D.	M.B.	M.C.
£189 os.	£957 10s.	£187 4s.

3. Annual income possessed by this University for the above years derived from *other sources* than the Degrees :—

£1,478 7s. 8d.

KING AND QUEEN'S COLLEGE OF PHYSICIANS
IN IRELAND.

Average number of Candidates who, during each of the following years 1876—1880 obtained registrable titles :—

Fellowship.		Lic. in Med.		Lic. in Mid.	
No.		No.		No.	
2·8	£124	93	£1,464 15s.	84·2	£90 1s. 5d.

Income from other sources during each of the years 1876—1880 :—

£90 15s. 2½d.

UNIVERSITY OF DUBLIN.

Number of Candidates for Licences and Degrees. Yearly average 1876-7 to 1880-1 inclusive :—

M.D.	M.Ch.	B.Ch.	M.B.	Lic. Ch.	Lic. Med.
15·2	4	22·4	35·6	1·2	2·2

Average annual income, 1876 to '81, from--

(1) Medical Degree and Licence Fees	...	£1,058
(2) Medical Class Fees	... ..	£5,000
(3) From <i>other sources</i> —		
(a) Land	... ..	£30,000
(b) Other Students' Fees	... ..	£25,000

UNIVERSITY OF CAMBRIDGE.

Average number of Candidates who have obtained the respectable titles of M.B., M.D., Lic. Med., M.C., from 1876 to 1881 :—

M.B.	M.D.	LIC. MED.	M.C.
7·6	5·8	0	·8

From the grant of these titles the average amount of emolument derived by the University was as follows :—

M.B.	M.D.	LIC. MED.	M.C.
£312 10s. 9½d.	£118 18s.	0	·8

APOTHECARIES' HALL, DUBLIN.

The average number of candidates who have in each of the last five years obtained from the Hall the registrable title, Licentiate:—1876, 23 ; 1877, 24 ; 1878, 23 ; 1879, 34 ; 1880, 42.

Average amount of emolument derived by the Hall in each of those years from the grant of that title :—

£110 8s.

The other sources of income possessed by the Hall, and the annual amount of income approximately from such other sources were :—

The examination of Assistants, and the examination of Candidates for the Preliminary in Arts.

Average annual amount for Assistants and for preliminary examination, £16 16s.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

Average number of Fellows admitted	...	...	10·6
Letters of testimonial granted to	}	...	105·4
Licentiates in Midwifery			
		£	s. d.
Average amount of Fees received from Fellows		328	12 9½
„ „ „ Licentiates		2,767	3 0
„ „ „ Midwifery		7	15 9½
Average amount of Interests and Dividends rec'd.		461	14 9
„ „ Fees from Dental Candidates		660	9 7

QUEEN'S UNIVERSITY.

Average number of Candidates who have obtained the following registrable titles from 1876 to 1880 :—

M.D.	M.CH.	Licentiate in Surgery.
52·6	39	None: not conferred.

The average amount of emolument derived by this University from 1876 to 1880 from the grant of the undermentioned titles :—

For admission to M.D. examinations.	For admission to M.Ch. examinations.	For Licence in Surgery.
£300	£225	None.

The other sources of income, and the annual amount thereof, are, approximately :—

(1) Fees on being admitted to Final Examinations for other Degrees and Diplomas amount annually to about £275.

(2) Parliamentary Grants amounting to about £4,242 annually,

(3) A Bequest which gives £60 annually.

ADDENDUM. APPENDIX No. III.

FEW facts of interest requiring record occurred since these Essays were lodged. A notable one is the conjunction of the College of Physicians and Surgeons, Ireland, and the attempted junction of the latter Body with the Dublin Hall.

Another notable occurrence is the attitude of some Irish Prison Surgeons towards certain prisoners placed under their charge. We hold it to be an universally accepted dogma that the physician is to see in the individual the patient only, and that he is to take no note of aught else, and that he is bound to prescribe for "the man" or "for the woman" according to the lights of Medical Science, and without the slightest favour or fear for anyone, whether placed in authority or out of it. This is clearly the view of Medical duty which has ever been accepted by the whole Profession. It is beyond Yea or Nay that some Irish prisoners have not been prescribed for as Medical Science required, while such orders in the case of others have not been complied with. In the latter case the prescribers have not adopted the one course left to honourable physicians, viz., that of resignation. On this point the reader will see in page 172 how accurate was the forecast made by me then of these results. Such conduct is clearly infamous from a professional point of view, and formal application should be made by the foreman of the Coroner's Jury where there may be an inquest, to the Medical Council for the removal of the offending physician from the Register. In those cases where no inquest may take place, a similar application should be made by a member of the Profession, or by one of the public.

The following correspondence did not see light until after the Essays were deposited. As it raises a question of vital

importance to both the interests and self-respect of the professional masses, we feel urged to publish it here. We feel all the more impelled to do so by the fact that the monopolist party have found it possible to shut it out of the Public Press. Everyone knows that for two generations the professional masses have been divorced from all share in the training of the neophytes of the Profession, and that this has been monopolised by small metropolitan knots who are indebted in but too many instances for their positions to money, nepotism, polemics or to the unique system which prevails in the ——— hospital, Dublin.

These monopolists are enabled by the “efflux of time” to develop into “heads” of the Profession and to trample on the whole mass of their professional brethren. When I forwarded the subjoined memorial I was well aware that the Privy Council could not adopt extreme measures because it is not the practice in England, unless in the case of Irish political offences, to inflict penalties for offences committed before the passing of an Act. The grave lāches complained of in my memorial had of course been committed before the passing of the Act, investing the Privy Council with supreme jurisdiction. Nevertheless, the Privy Council called on the General Council for an explanation, and the result is instructive.

The prisoners at the bar were allowed to try themselves and when Court, jury and accused are one and the same the verdict may be guessed. A second memorial was forwarded by me to the Privy Council, but that Body entertains great hopes from some make-belief promises made by the General Council on the subject of the utilization of Union hospitals. Meanwhile proofs accumulate every day that a modified system of apprenticeship must be made compulsory if the public are not to be handed over to young men unfit to treat them. Even the assembly of interested Bodies finds itself compelled to join the general chorus ; for at the meeting of the General Council of November 22nd, 1887, a Committee of that Body actually reproduced a statement made by several practitioners that young medical men are oftentimes found unfit to take charge of the sick, and they recommend the allegation to the serious attention of the Council and its Educational Committee, and plainly hint at a modified apprenticeship as the remedy.

“THE HUMBLE MEMORIAL of the undersigned, THOMAS LAFFAN, Physician of Cashel, to Her Majesty’s Most Honourable Privy Council, praying for the enforcement, in the matter of the GENERAL MEDICAL COUNCIL and of the Royal University of Ireland, of the 19th Section of the *Medical Act*, 1886.

“MY LORDS,

“I beg respectfully to memorialize your Lordships to exercise the powers conferred on your Most Honourable Privy Council by Section 19 of the *Medical Act* of 1886, in the matter of the inaction of the GENERAL MEDICAL COUNCIL (as per official *Minutes* of that Body for 1886) on the Report of the Visitors of said Body on the Examinations of the Royal University of Ireland.

“I enclose extracts from that Report which show that the Candidates for the Degrees of that University are shamefully deficient in Clinical training.

“I submit another document to prove that that University itself imposes restrictions which stand in the way of the adequate Clinical training of said Candidates, and that it has declined to remove same.

“I further submit for your Lordships’ perusal the opinion of the Royal Commission on the *Medical Acts*, on the neglect of the MEDICAL COUNCIL to enforce Section 20 of the *Medical Act* of 1858.

“Finally, I pray your Lordships to enforce the 19th Section of the Act of 1886 in this matter.

“I have the honour to remain,

“Your Lordship’s obedient Servant,

“Cashel, Feb. 4, 1887.”

“THOMAS LAFFAN, M.C.P.I.

Medical Act, 1858.

Section 20.—“In case it appears to the GENERAL COUNCIL that the Course of Study and Examination to be gone through in order to obtain any such Qualification from any such College or Body are not such as to secure the possession by persons obtaining such Qualification of requisite knowledge and skill for the efficient practice of their Profession, it shall be lawful for

such GENERAL COUNCIL to represent the same to Her Majesty's Most Honourable Privy Council."

The Medical Act, 1886.

Section 19.—"Default of GENERAL COUNCIL.—If at any time it appears to the Privy Council that the GENERAL COUNCIL has failed to secure the maintenance of a sufficient standard of proficiency at any Qualifying Examination, or that occasion has arisen for the GENERAL COUNCIL to appoint Assistant Examiners under this Act for the purpose of Examinations held by any Medical Corporation, or to exercise any power or perform any duty or do any act or thing vested in or imposed on or authorized to be done by the GENERAL COUNCIL under the *Medical Acts* or this Act, the Privy Council may notify their opinion to the GENERAL COUNCIL; and if the GENERAL COUNCIL fail to comply with any directions of the Privy Council relating to such notification, the Privy Council may themselves give effect to such directions, and for that purpose may exercise any power, or do any act or thing vested in or authorised to be done by the GENERAL COUNCIL, and may of their own motion do any act or thing which under the *Medical Acts* or this Act they are authorized to do in pursuance of a representation or suggestion from the GENERAL COUNCIL."

Extracts from Report of Visitors of MEDICAL COUNCIL on Examinations of the Royal University of Ireland, held in 1885, and published in Minutes of MEDICAL COUNCIL for 1886.

Page 388.—"But we confess we are not satisfied as to the thoroughness or efficiency of the Examination, and, on the whole, we formed a poor opinion of the acquaintance of the Candidates generally with practical Medicine and Surgery, and of the quality of the training they had undergone."

Page 390.—"We were much impressed with the insufficient knowledge of the essential subjects of an M.B. Examination, and the imperfect Clinical training, which in large proportion the Candidates displayed." They go on to state that "all this must be the fault of the Medical Schools—*i.e.*, the Hospitals where they are trained."

At page 391, the Visitors complain again of the lamentable ignorance in respect of Medicine, Surgery, and Midwifery, betrayed by a large proportion of the Candidates for the M.B., and they declare that this proves that their training must have been altogether inadequate.

Again at page 412, the Visitors express a strong conviction that some steps should be taken to make the Candidates alive to the supreme importance of not neglecting their Clinical Education.

At page 435, the Examiners in Surgery make the following statement: "The Examiners would concur in Mr. HOLDEN'S recommendation that, as far as possible, Candidates should be required to produce a certificate of having acted as Dresser or Clinical Clerk. But it would be very difficult to carry out such a regulation in practice. The number of Medical Students excludes the possibility of every one being so employed for a time sufficiently long to be of any value.

Again, at page 438, the University Examiners make the following remarkable admission:—They also "concur with some of the observations as to the imperfect Hospital training of many of the Candidates, owing in a great measure to the apathy of the teachers, and to the absence of systematic Clinical instruction," and they go on to appeal to the Senate to insist on these deficiencies being remedied.

Extract from Rev. S. HAUGHTON'S Evidence before Medical Commission.

"The University is of opinion that the GENERAL MEDICAL COUNCIL possesses already ample powers for supervising Licence Examinations, and reporting deficiencies, but that the COUNCIL has not had the moral courage to do its duty. This failure has arisen from the fact that the advocates of a higher standard of education are not in a majority on the COUNCIL. The University think this defect should be remedied by some alteration in the constitution of the COUNCIL, by means of which the interests of higher education might be advanced."

From page 9, Medical Act Commission Report.

“It has indeed been urged that in visitation of the Examinations of the Medical authorities, the COUNCIL has done comparatively little, and that, though inefficient Examinations exist, the power of representation to the Privy Council has not been used.

“Whether the COUNCIL has in these respects done all that might have been done appears open to question. It is not, however, difficult to discern causes which may probably have influenced the COUNCIL:—‘The expense of conducting frequent and systematic inquiries; the great power of the individual authorities, of which most send a representative to the COUNCIL itself; the desire to persuade rather than compel, and also the constant expectation of further legislation.’”

Memorandum of Negotiations of Irish Provincial Hospital Physicians with Royal University of Ireland. By THOMAS LAFFAN, one of the Applicants.

Some five years and a half ago a memorial, signed by some eighty Union Hospital Physicians from all parts of Ireland, was presented to the Senate of the Royal University, praying for the partial recognition of our Hospitals for Clinical purposes. It was pointed out in that memorial that whereas only 16,000 patients had been treated in 1887 in the Hospitals already recognised by the Senate, over 110,000 patients had been during the same year treated in these Hospitals. The fact was dwelt on, that there was an admitted dearth of Clinical material at present at the disposal of their students; that the MEDICAL COUNCIL had recognised that fact by recommending Students to spend a year at Provincial Hospitals; that all parties—students, doctors, patients, and the public—would alike benefit by the change; and that, finally, as no system of concursus regulated the appointments to the Medical Staffs of the few Hospitals already recognised, there existed no grounds whatever for alleging such a difference in the attainments of the respective staffs as would furnish a plea for excluding Provincial men from all share in Clinical teaching. For more than thirty years some of the most respectable Licensing Bodies in the country had

accepted our tickets to the limited extent that it was now sought to have them recognised by the Royal University, viz.: To the extent of one year out of the entire course.

A deputation was appointed to seek an interview with the Senate, but, strange as it will appear, that body refused them an audience. Every fairminded person will not fail to contrast that act of discourtesy on the part of a body, many of whom are paid servants of the public, with the courtesy which they accorded a short time since to a deputation of Students from one of the Queen's Colleges, who appeared before them to dictate, not only an alteration of Examinations, but even of Examiners. In May 1881, the *Lancet* was good enough to speak of the memorial as highly creditable to the promoters, and the further fact was dwelt on, that the utilization of Provincial opportunities had the warm approval, among others, of Sir JAMES PAGET, who declared in the MEDICAL COUNCIL that if he had a son commencing to-morrow, he would send him for his first year to a Provincial practitioner. Encouraged by such high authority, the promoters had every right to expect justice and fair-play from the Senate. The signatories were, moreover, fortunate in having for their advocate Dr. THOMAS HAYDEN. For years the Senate pondered over the application, and at length it resolved on the strange expedient of addressing itself to the Local Government Board to authorize Union Hospital men to have pupils and to draw up rules for their attendance. Such a course as that of going behind the backs of the Medical Staff and of applying to the Lay Governors of a Hospital was never heard of before. No certificate of attendance could, of course, be presented unless the governing body allowed the attendance of pupils. The Irish Local Government Board very properly wrote that it was none of their business to draw up such rules—that they allowed Hospitals to be thrown open to pupils before, and that they would do so again, according as cases came before them. It is not a little remarkable that a short time anterior to this, a letter appeared in the *Dublin Freeman*, October 13, 1882, over the signature of a Dublin Hospital surgeon, in which an attempt was made to raise a similar cry, and to intimidate the Local Government Board from tolerating the use of Union Hospitals for Clinical purposes. A reply appeared October 16, 1882, in which prominence was

given to the fact that a pupil* who had entered at St. Vincent's Hospital, Dublin, was a few days after his arrival sent in charge of a full fledged Medical graduate (of this University) to receive instructions from him in some minor Medical procedure, and that the graduate had himself to be instructed by his would-be pupil. No one dared to gainsay that statement, and the recent disclosures of the Medical visitors furnish proof of the imperfect clinical training of the Examinees of that University, and I suppose of the necessity for widening the educational area open to its graduates. The Irish Local Government Board is sometimes a timid Board, and it was unfortunate, after the letter which appeared in the *Freeman*, that the Queen's College knot and their Medical aids should have adopted a course which might have had the effect of dragging the Local Government Board into the fight and into placing themselves athwart the applicant's course, and thus getting rid of them without the inconvenience of a direct refusal.

The Senate, or rather the knot of rival Hospital staffs, who I have reason to know were from first to last allowed to have the exclusive decision of the entire matter, wrote to each of the eighty signatories acquainting them with their correspondence with the Local Government Board, and advising them to apply separately for recognition.

Mr. WM. K. SULLIVAN, who labours under the impression that he is the authority on all subjects, advised the applicants at the outset to apply separately, but their Committee reminded him of the fable of the bundle of sticks, and declined; for they clearly saw in it a mere trap designed to benefit the Hospitals in the same towns with the Queen's Colleges. After the receipt of this letter from the Senate, some of the co-signatories applied separately, as there was nothing else for it. In some of these they were invited to test the cases and test the appliances at the disposal of the applicants, and they were further told that their professional status was not inferior—and the public were invited to judge—to that of any member of the staff of the Union Hospitals situate in Queen's College towns, to which they had heretofore given exclusive recognition. After

* From my hospitals.

a further period of nearly two years the following letter was received :—

“ Royal University of Ireland, Dublin,

“ June 14, 1886.

“ SIR,—Referring to your application for the recognition of the Union Infirmary, we beg to inform you that the Senate at the last meeting decided that in the absence of any effective means of testing the amount and character of the teaching to be given in the Union Hospitals, they cannot accede to your application.

“ Yours faithfully,

“ J. C. MEREDITH, }
“ D. B. DUNNE, } *Secretaries.*”

Now both the interest and dignity of all Provincial Members of our profession, from whatever part of the three kingdoms they may hail, are, I make bold to say, affected by this action of the Royal University Senate, and, therefore, I will not mince language, but call a spade a spade, and invite their attention to the significant interpretation which the following facts put on the sincerity and single-mindedness of the reasons which they adduce in the foregoing letter for the non-recognition of every Hospital except those in which they are directly or indirectly interested themselves.

Now the facts to which I invite attention will be found in the Supplement to the *Dublin Medical Press*, Sept. 21, 1884. The reader will find there that though the most effective means for testing the amount and character of the teaching given in the Galway Hospital was placed under their very noses, and was proclaimed trumpet-tongued to the whole profession by the Local Government Board themselves in the case of that Hospital, that nevertheless the Queen's College party not only recognised it despite the most glaring unfitness, but they recognised it not only for part but for full time. Furthermore, they recognised it under a name to which it has no claim, and therefore, in plain English, under a false and misleading title. The Irish Local Government Board in their letter charge the Medical officers of the Galway Hospitals with such inattention to their patients,

that if repeated again, they would be obliged to take more serious steps in the matter. In that letter they further declared that the cases could not be inquired into, carefully examined, and prescribed for during the short time devoted by the Staff to such patients ; and the Local Inspector, himself a Medical man, having been snubbed by the Staff for venturing on the statement that ten or fifteen minutes was too short a time to devote to a number of patients labouring under heavy diseases—ending in a large proportion of the cases in death—found himself entertaining such heterodox views, and views so little understood by the Clinical instructors in question, that he could not extract even an apology from them, the only one of them present declaring that if it could be shown what it was he was to apologize for, he would make a most ample one. Comment here is unnecessary. I have stated before that I had reason to know that the Non-Medical Members of the Senate were so entirely oblivious of their duty and of their responsibility as to be guided entirely in this matter by their interested Medical confreres. These gentlemen never seem to have heard of the agitation that for nearly a generation has had to be waged against the lâches of similar interested Medical folk in the guise of Medical Councillors. I do think that if these Non-Medical Members do not feel themselves competent to exercise an independent judgment on one of the most important matters that could come before them, they pronounce their own unfitness for the honours that have been thrust upon them. It may further interest the readers of this to be informed that this is the same Queen's College knot, posing under a slightly different University name, indeed, that had the insolence to speak of the agitation for direct representation on the MEDICAL COUNCIL as the outcome of an irrepressible desire in some members of the profession to participate in the large fees which the prolonged discussions were the means of putting into the pockets of the existing Members of the MEDICAL COUNCIL.

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